



23
24



Annual

QUALITY

Report



Western Health
and Social Care Trust

Chief Executive's Foreword



This is the Western Trust's twelfth Annual Quality Report. The best way to describe the 2023/24 year was one of consolidation of the rebuild of our services post COVID.

During the past year there have been significant issues in the flow of patients, through our acute hospitals and into community settings. In addition, our mental health services continue to operate well over capacity, creating a challenging service environment and experience for patients, clients and staff. No service programme has been immune to the increased demand and pressure on our services. The Trust has had to deal with a number of key constraints

particularly workforce gaps, waiting lists, financial shortfalls, demand and capacity gaps. We will work our way through these difficulties in 2024/25. I wish to commend our staff who have repeatedly shown remarkable commitment, professionalism and compassion over the last year considering the demands placed on them.

During the year we continued our organisational restructuring at Corporate Management Team level (and below). Last year we separated out the role of the Executive Director of Nursing (and Allied Health Professionals & Midwifery) from Primary Care and Older People's services. The purposes of all these changes is to ensure we can focus on all aspects of the Trust, to make leadership jobs more realistic, and to better align to regional strategies.

During the year we also had to deal with the disruption associated with Industrial Action. This led to service impact and significant workload for many staff in terms of planning and implementation of the action. I want to pay tribute to all staff working to protect our patients and clients. Despite the many challenges, Trust staff demonstrated excellent innovation, resilience and commitment across all programmes and services during the year. Staff ongoing efforts to maintain high quality services are evidenced throughout this report as compliance with key performance targets continues to be monitored, for example falls in adult inpatient areas, pressure ulcers and cardiac arrests in hospital.

2023/24 was also a year of significant achievement for the Trust. A very small selection of our achievements in 2023/24 are:

- We developed a new Vision and Mission for the Trust to reflect our commitment to our population. A peer recognition programme was established through the We Are West Mission Cup, it was launched November 2023.
- We have significantly reduced our Healthcare Acquired Infection rates, especially MRSA and C.Difficile. The Western Trust was one of only two Trusts in Northern Ireland to achieve their MRSA bacteraemia reduction target, and the only Trust in Northern Ireland to achieve its C. difficile reduction target. This has improved patient outcomes and demonstrates a commitment to patient safety.
- In May 2023 a new Chairman was appointed to the Trust. Dr Tom Frawley comes with a lifetime of experience in public service and has been a strong advocate for the West. His leadership has been immensely impactful at the difficult time.

Monitoring and investigating all incidents reported, understanding the experience of patients through complaints and Care Opinion stories made throughout the year ensured risk was identified at an early stage, urgent actions taken and key safety messages shared with learning. The Trust Quality Improvement Team provided support to all the quality improvement projects undertaken during the year to help maintain our focus on continually providing high quality and safe care.

I want to finally place on record my thanks to all Western Trust staff for your continued commitment in 2023/24. Our local population are fortunate to have such teams of people to deliver health and social care services. This report outlines some of the improvements we had made in service delivery and also some areas where more needs to be done. Improving the quality of care will continue to be a key priority for all of us as we modernise health and social care in our Trust.

I commend this report to you.

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WHAT IS THE ANNUAL QUALITY REPORT?

In 2011, the Department of Health and Social Services and Public Safety (DHSSPS) launched the Quality 2020: A 10 Year Strategy to 'Protect and Improve Quality in Health and Social Care in Northern Ireland'. One of the priority work streams within this strategy was to agree a standard set of indicators for Health and Social Care Trusts across the region on safety, quality and experience and detail compliance in an Annual Quality Report. In addition to regionally agreed indicators, each Trust is invited to include a compliance summary against their local priorities for safety, quality and experience, ensuring they reflect staff wellbeing. This is the Trust's twelfth quality report.

The Quality Report aims to increase public accountability and drive quality improvement within Health and Social Care (HSC) organisations. It reviews the past annual performance against quality priorities and the goals that were set, identifies areas for further improvement, and includes the commitment to the local community about what activities and ambitions will be undertaken and monitored over the coming year. This report includes feedback from those who use our services and is shared with the local HSC organisations and the public. For the purpose of this report the Western Health & Social Care Trust will be referred to as the Trust.

The report is divided into the following sections in line with the Quality 2020 strategy:

- **Transforming the Culture;**
- **Strengthening the Workforce;**
- **Measuring the Improvement;**
- **Raising the Standards;**
- **Integrating the Care.**

ABOUT THE WESTERN HEALTH & SOCIAL CARE TRUST (WHSCCT)

The Trust is a statutory body which is responsible for the delivery of safe and effective health and social care services to a population of approximately 300,000 people across the western part of Northern Ireland, covering a geography that stretches from Limavady in the north to Fermanagh in the south. The Trust also provides a range of specialist acute services to the northern part of the Northern Trust and to north Donegal through specific commissioning arrangements. The Trust employs approximately 12,000 staff. The Trust provides services across 4,842 sq. km of geography and delivers services from a number of hospitals, community based settings and directly into individuals' homes.

- Acute hospital services are delivered in Altnagelvin Hospital and the South West Acute Hospital (SWAH).
- Omagh Hospital and Primary Care Complex (OHPCC) provides a range of rehabilitation and palliative care hospital services as well as locally based diagnostic, urgent care and community support services.
- Lakeview (a learning disability hospital), Grangewood (a mental health inpatient unit), and Waterside Hospital (a rehabilitation and mental health facility for older people) are all located in Gransha Park.
- The Tyrone and Fermanagh Hospital provides a range of acute mental health inpatient services for adults and older people.
- Social services and many other Trust services are delivered in community-based settings, often in partnership with organisations in the private, community and voluntary sectors.

Our Services at a Glance

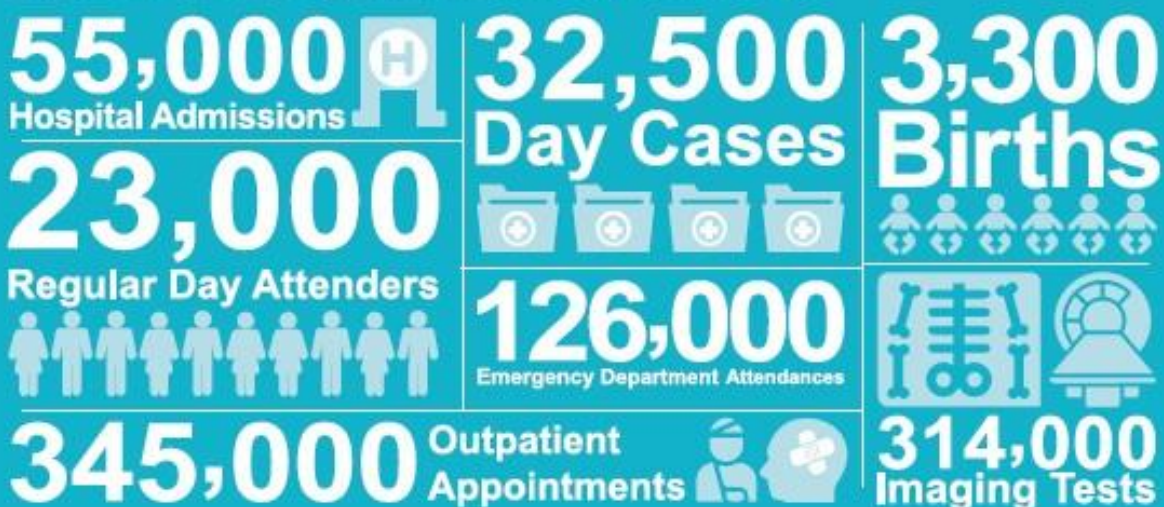
We Deliver Services From:



We Provide Support to People in our Communities Through Approximately:



Each Year in our Hospitals we Handle Approximately:



OUR STRATEGIC PRIORITIES



Quality & Safety

We put patients and service users at the heart of everything we do and provide care to the highest standard focusing on quality and safety.



Our People

We strive to be a place where we attract, retain and develop compassionate and talented people, creating an environment where they can thrive.



Performance & Access

We strive to achieve and maintain high levels of performance using our resources as effectively and efficiently as possible to improve access to our services.



Delivering Value

We aim to achieve financial stability through sound financial governance and effective use of our resources to deliver greater value and efficiency.



Our Culture

We are committed to a culture which is open, just and always learning.

Theme 1

Transforming the Culture



Trust Vision and Mission Development



In developing the mission and vision for WHSCT, the Corporate Management Team sought input from staff through a number of forums including a staff focus group and Senior Leaders' Forum.

The WHSCT mission and vision was agreed and launched during the We Are West Leadership Festival in June 2023. Significant work and engagement continued throughout 2023/24 to develop a mission implementation framework which was completed in February 2024 and will allow key activities to provide continued focus on the Trust mission and vision through 2024/25.

The We Are West Mission Cup

In line with the mission, “We are West. Caring Together: Committed to Better” a peer recognition programme was established through the We Are West Mission Cup. The Mission Cup represents recognition of teams who live and breathe our mission and provides an opportunity for teams across the organisation to be recognised by their peers. This creates an opportunity for a deeper sense of appreciation, working together and brings together our teams as a community. The Mission Cup was launched



in November 2023 with the Homecare Team being named as the inaugural winners. Having held the cup for three months, the Homecare Team named the Breast Care Cancer Nurse Specialist team as the next winners of the cup following recognition of the outstanding and compassionate service they provide.

Open, Just & Learning Culture

During 2023/24 the Trust developed an Open, Just and Learning (OJL) Culture Charter which supports the embedding of OJL principles throughout the Trust, empowering staff to learn when things do not go as expected.



We are **Open**: We feel psychologically safe within our teams to raise concerns and contribute ideas, without fear of negative consequences.



We are **Just**: When things do not go as planned, we prioritise accountability, fairness and compassion.



We are **Learning**: We focus on “what happened?” rather than “who did it?” to improve patient care and outcomes.

In March 2024 the Trust launched its first ever pulse survey to measure how colleagues feel about the culture in their workplace. It is the intention that feedback will be used to help re-shape existing cultures within teams, with the view to improving the patient experience, together with outcomes.

Within the Human Resources (HR) Directorate, strong partnership working with managers and recognised trade unions promotes a culture of fairness, openness and learning, and this work has been supported further with the launch of a revised Conflict, Bullying and

Harassment Policy, together with the Regulation and Professional Registration Policy, both of which were updated in line with the Open, Just and Learning Culture principles.

Staff Equality, Diversity & Inclusion



The Ethnically Diverse Staff Network continued throughout the year to support staff from ethnically diverse backgrounds. The network secured funding through the Staff Wellbeing Fund to host two “Celebration of Diversity Events” for staff. The events have given more focus to the network and the membership has grown to include not only our ethnically diverse staff but others who believe they can make a difference in this area. The International Medical Peer Group also continued on a monthly basis to support medical colleagues who have relocated to work with the Trust.



Flexible/Agile Working Culture



Following the successful rollout in 2022/23 of the WHSCT Flexible Working Policy in line with updated Agenda for Change Terms and Conditions, the organisation continues to see a significant interest and uptake of flexible working arrangements from staff across the Trust. Monitoring continues through bi-annual reporting.

Flexible Working Applications:

- 1362 Flexible working applications submitted by 997 individual staff members between 1 April 2023 and 31 March 2024.
- With 1508 applications in 2022/23, this shows a slightly lower number of applications submitted in 2023/24.

Approvals:

- Of the 1362 flexible working applications submitted, 1072 were approved (78.71%).

The high volume of requests received to date and the high percentage approval rate indicates that Flexible Working continues to be embedded across the organisation.

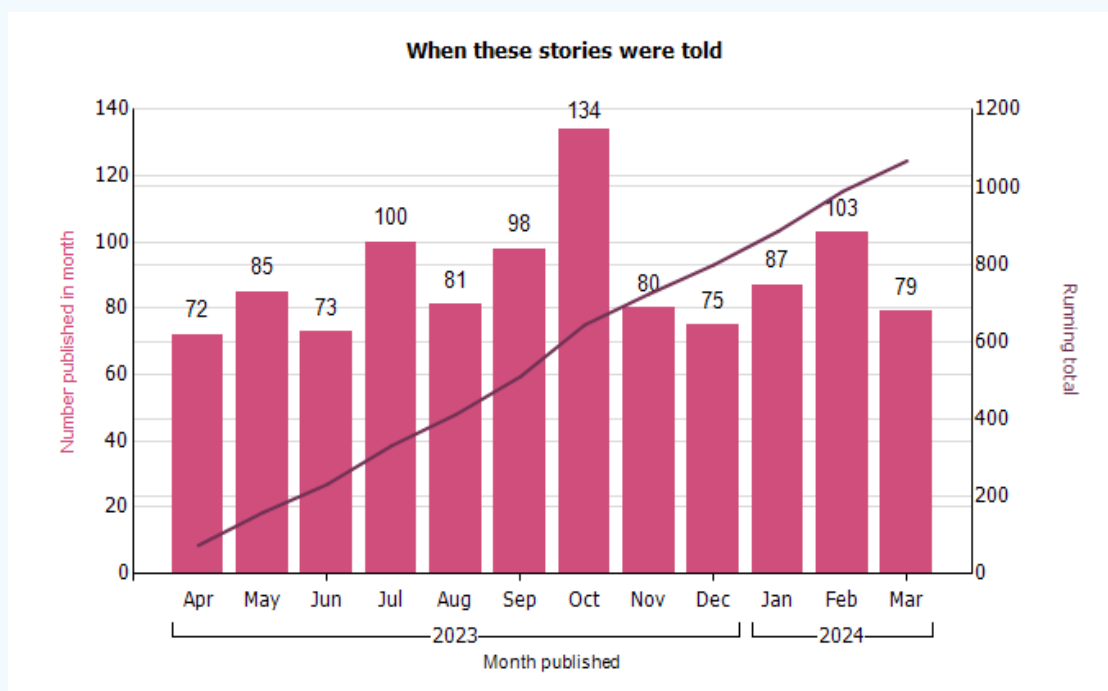
Services continue to investigate opportunities for flexible working within their teams with HR continuing to support as required.

PATIENT AND CLIENT EXPERIENCE

Care Opinion; 10,000 More Voices

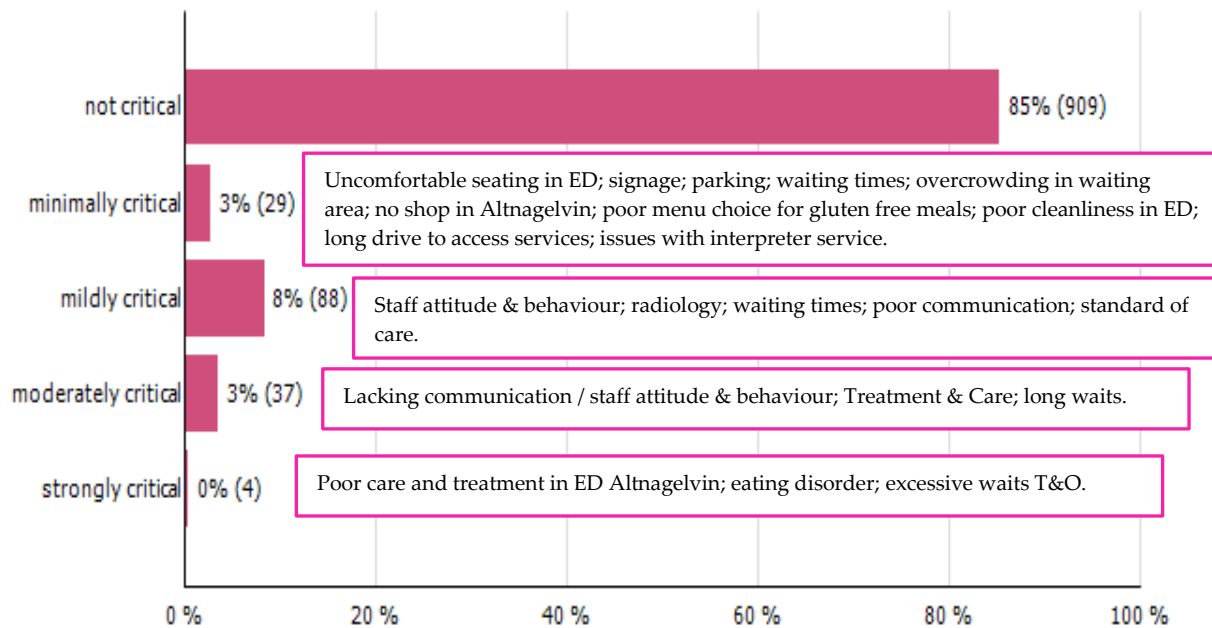


From 1st April 2023 to 31st March 2024 1,067 stories were posted on Care Opinion with public views of 104,766 (788 stories posted during 2022/23). Care Opinion continues to gather momentum as the public have an opportunity to share their experiences in a safe and simple way to tell us what was good, how services made them feel and what improvements could be made. The Trust has renewed their contract with Care Opinion to secure another three years

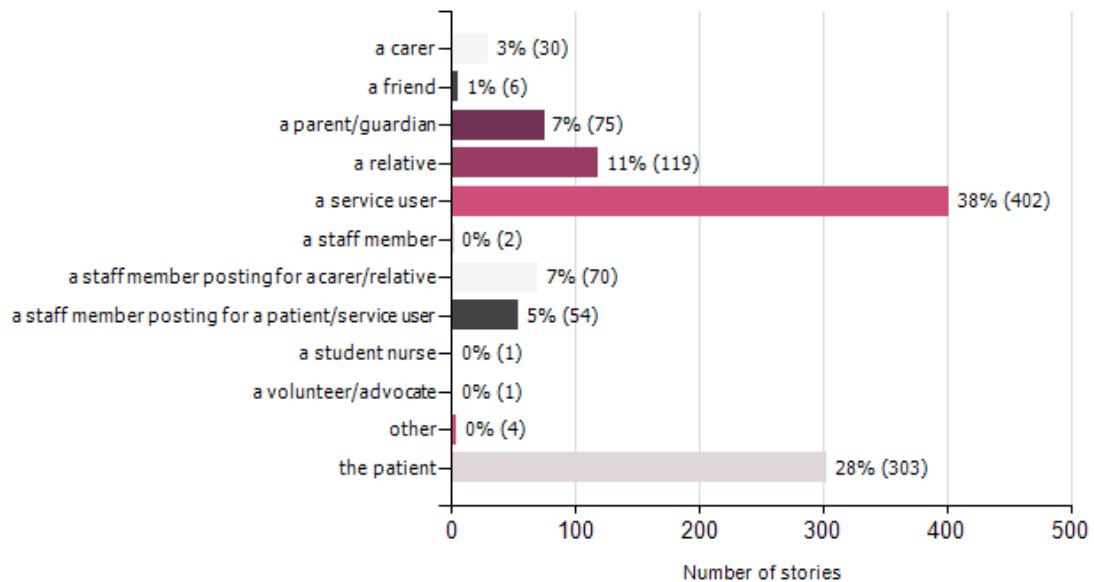


- There has been a consistent increase in extremely positive stories received totalling 909 stories (85%) compared to 686 stories (87%) for last year. However, due to overall increase of stories received this has slightly lowered the percentage rate.
- Staff can use information in a number of ways including revalidation, reflection, clinical supervision and evidence of direct patient / client feedback. It helps boost staff and team morale particularly during these challenging times.
- It is also important for building public confidence by encouraging a culture of openness and transparency to respond directly to the feedback received and help improve practice to enhance the patient / user experience. This also helps and supports Quality Improvement and service development.

How moderators have rated the criticality of these stories



How the authors of these stories identify themselves

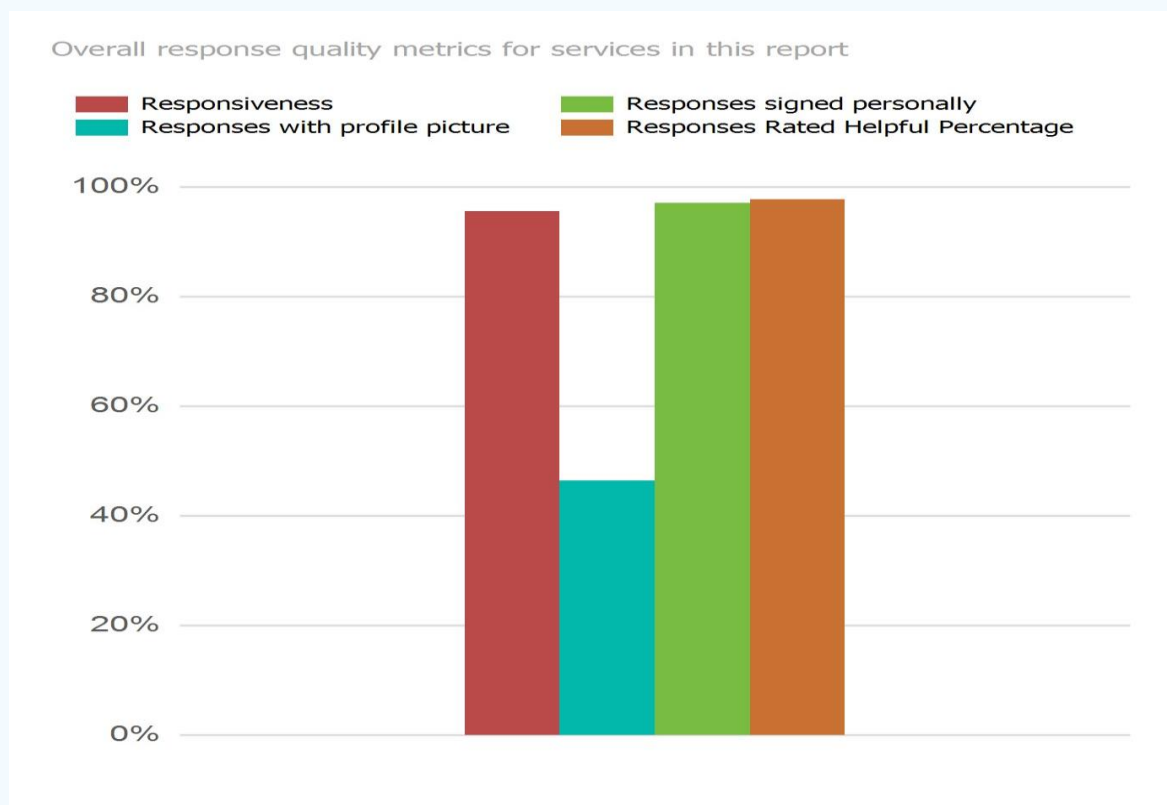


Services will respond to feedback within 7 days of publication and there will be changes identified and recorded as a response to online feedback. Service response rates are as follows:

This report summarises 25 services excluding 8 services with no stories.

Western Health & Social Care Trust provides 31 services

- 22 services have used a profile picture in less than 85% of responses
- 2 services have signed personally in less than 85% of responses
- 10 services have less than 85% of their responses rated helpful
- 3 services have claimed 7 changes are planned, but have not updated further



Response quality by service

The following table shows the quality of responses to stories about each service. Top level services are highlighted, followed by any services run by that organisation or service.

Service	Stories	Responsiveness	Mean time to Profile		Personal	Responses rated	Changes	
			respond	picture			planned	made
Community Footcare Services	6	100% 6	62 hours	17%	100%	0%		
Western Health & Social Care Trust	1067	96% 1020	8 days	46%	97%	98% 172/176	7	16
Provides 31 services (23 with stories)								
Adult Mental Health and Learning Disabilities	18	100% 18	4 days	50%	92%	100% 5/5		
Adult Services	22	100% 22	6 days	68%	96%	100% 9/9	1	2
Altnagelvin Area Hospital	395	90% 356	10 days	39%	98%	97% 76/78	6	6
Children's Services	35	97% 34	4 days	39%	100%	100% 3/3		1
Community Development Team (Social Work)	8	100% 8	7 days	11%	89%	0%		
Community Midwifery Services	24	100% 24	60 hours	29%	98%	100% 5/5		
Community Stroke Services	4	100% 4	7 days	0%	100%	0%		
Dementia companion service	9	100% 9	6 days	92%	100%	100% 1/1		
Diabetes Prevention Programme	2	100% 2	12 days	0%	50%	0%		1
Grangewood	1	100% 1	10 days	100%	100%	0%		
North West Centre for Neurological Rehabilitation	3	100% 3	39 days	33%	100%	0%		
Nutrition and Dietetics Service	8	100% 8	68 hours	0%	100%	100% 2/2		
Older People's Services	205	99% 203	7 days	70%	94%	100% 19/19		1
Omagh Primary Care Complex	153	98% 150	9 days	40%	97%	100% 28/28		1
Physical Disability Services	3	100% 3	13 days	0%	100%	100% 1/1		
Post Covid Syndrome Service	8	100% 8	7 days	0%	89%	100% 3/3		1
Roe Valley	7	100% 7	16 days	14%	86%	100% 4/4		
South West Acute Hospital	197	98% 194	7 days	47%	99%	93% 43/46		3
Tissue Viability Service	1	100% 1	3 days	100%	100%	0%		
Trust wide Neurology Services	3	100% 3	111 days	75%	100%	0%		
Tyrone and Fermanagh Hospital	2	100% 2	4 days	33%	67%	0%		
Urgent Care	2	100% 2	4 days	0%	100%	0%		
Waterside Hospital	10	100% 10	20 days	40%	100%	100% 4/4		

During this time period 23 stories have led to either change planned and/or made. Examples of change include improved promotional materials for post covid syndrome and condition management; Triage training in ED SWAH; improve signage in Outpatients Departments in Altnagelvin Hospital and Omagh Hospital & Primary Care Complex (OHPCC); learning disability training for all staff in the Trust; new café / canteen area; change in supply of food; improvements in checking contact details of patients; sharing feedback with team members for learning; re-introducing infant feeding room in ED SWAH; sharing feedback on patient waiting areas; visiting arrangement changes; increase supply of gowns for women's and children's services.

Responder training has been facilitated by the Patient Client Experience (PCE) Lead via face to face / virtual or hybrid methods. To date there are 716 out of the 750 subscriptions including Band 8a, 7, 6, 5 & 3 across Directorates that are either readers of stories or responders.

PERSONAL & PUBLIC INVOLVEMENT (PPI)

The Trust remains steadfast in its commitment to the meaningful engagement and involvement of service users, carers, the public, and staff across all levels and programs of work. We continue to ensure that involvement is integral to the commissioning, planning, delivery, and evaluation of all services. We recognize the critical role that involvement and co-production play in addressing health inequalities and effectively meeting the diverse needs of our community.

Five Standards

Leadership

To ensure effective leadership and coordination of the PPI agenda, the Trust has implemented mechanisms to hold Directors and Senior Managers accountable for the integration and advancement of PPI across all areas of their work. The Involvement Team continues to engage in ongoing meetings with Directorates and PPI contacts to protect time for PPI activities and foster collaborative work.

Governance

The Involvement Team has prioritized PPI within all aspects of our work, establishing a range of governance, management and reporting mechanisms to ensure compliance. Each directorate now has communication processes in place to disseminate relevant PPI information, and monthly performance reports are compiled and shared collectively with all directorate contacts.

The performance reports for 2024/25 have been updated to reflect the new directorates that were established at the end of 2023/24, providing a more accurate assessment of how each directorate is performing individually.

Number of projects per directorate	Directorate	YTD	Percentages
	Performance and Service Improvement	12	13
	Adult Mental Health and Disability	30	33
	Women's and Children's	21	23
	Primary Care and Older People	9	10
	Acute Planned services	19	21
	Acute Unscheduled Care, Medicine, Cancer and Clinical Services	0	0
	Across all Directorates	0	0

The Improvement Through Involvement (ITI) Committee continues to oversee and lead service user and carer involvement efforts.

Opportunities

The Involvement Team actively provides opportunities for engagement through multiple channels both internally and externally within the Western Trust. The database of service users and carers is expanding, driven by ongoing information events and the value of available opportunities. In 2024, there will be a focused effort to enhance the skills of service users, enabling them to take part in strategic platforms such as the Strategic Engagement Forum (SEF). This initiative underscores our commitment to involving service users in shaping, planning, and delivering safe, high-quality services.

Strategic Engagement Forum (SEF)

The SEF has been established with the nomination of the first group of service users and carers, who possess a wide range of skills and lived experiences reflective of the people we serve. The SEF will serve as a reference point for strategic issues relevant to patients, service users, and carers, working collaboratively with the Strategic Change Board to improve services across the Trust.

SWAH Project Board

An invitation was extended to service users and carers within the Western Trust, particularly those with an interest in Fermanagh, to attend an information session in May. This session outlined the roles and responsibilities of the Project Board. The new approach aims to ensure that the General Surgery Service can be delivered safely and sustainably.

Knowledge and Skills

Training from October 2023 to March 2024

The Involvement Team provided 12 PPI training and clinic sessions for Western Trust staff, with 61 participants successfully completing the training. This has led to a significant increase in PPI knowledge, as evidenced by the rise in PPI monitoring returns.

The Involvement Team has published two editions of the Involve U newsletter, distributed bi-annually via Trust Communications. The newsletter highlights current and ongoing involvement projects and the support provided by the Involvement Team.

Human Library Event

In March 2024, we hosted the first of several Human Library-style events. This event brought together 10 existing service user groups, each comprising a staff member and a service user, for an information-sharing engagement event. This innovative approach, based on the Human Library model, allowed staff to engage directly with employees and service users involved in PPI. The event was a success and has since been replicated regionally by the Public Health Agency (PHA) for Trust reporting purposes.

Public Information Events

The Involvement Team regularly hosts public information sessions at various WHSCT events. These sessions provide advice and guidance to members of the public on becoming involved as service users or carers, reinforcing the WHSCT's commitment to PPI in delivering high-quality services.

Measuring Outcomes

The Public Health Agency's (PHA) regional outcomes tool has been integrated into the Trust's current structures. To support staff in completing this survey, the Involvement Team is facilitating fortnightly data collection support sessions. The team also maintains regular

communication with Directorate points of contact to issue monthly involvement reports, highlighting returns, available support and PPI training opportunities.

Future Plans

Involve Fest West 2024

In November 2024, the Western Trust's Involvement Team, in collaboration with HSC partners, service users, carers, and the Community and Voluntary sector, will host Involve Fest West, a week-long celebration of involvement. This event will build on the success of the previous Involve Fest West held in July 2023 and will culminate with the Davin Corrigan Awards.

PPI Support and Training

The Involvement Team continues to offer a comprehensive suite of training to both staff and service users/carers, ensuring a workforce that is skilled and confident in carrying out involvement work at all levels. Training offerings include PPI awareness, co-production, group work facilitation and data support sessions.

Additionally, the team has recently co-produced training for service users and carers and developed an induction pack. Multiple group induction sessions will be conducted until December 2024 for new registrants.

In alignment with PPI requirements, the Involvement Team remains dedicated to identifying and promoting a range of involvement opportunities throughout the Western Trust and has initiated the co-production of a training program with current and new service users and carers.

COMPLAINTS AND COMPLIMENTS

The Trust welcomes and actively encourages complaints and compliments about our services. From time to time individuals or families may feel dissatisfied with some aspect of their dealings with the Trust and when this happens it is important that the issue is dealt with as quickly as possible. We recognise that everyone has a right to make a complaint and we can learn valuable lessons from them – a complaint may well improve things for others.

Complaints provide us with learning opportunities which will help us to improve our services. Whilst we aim to give the best service to all of our patients and service users, we wish to know when things do not go well so that we can take the appropriate remedial action to prevent it happening again.

We also like to know when patients/clients/service users have been impressed or pleased with our service. We can also use these examples to share best practice amongst our staff. In addition, compliments can help boost morale.

Facts & Figures – 2023/24

647 formal complaints were received by the Trust. This is a 2% decrease from the previous year (660).

98% of the formal complaints received were acknowledged within 2 working days.

3,070 written compliments were received during 2023/24 compared to 2,282 for the previous year

*The timeliness of response times to formal complaints has been an ongoing concern throughout the year. Some of the delays can be attributed to the receipt of a number of complex complaints – involving in many cases – more than one service area as well as time and resources required for thorough investigation and the development of responses at service level. The impact of industrial action has also impacted on service pressures.

Significant improvement work is ongoing within the complaints department to streamline processes for the complainant and for staff, to ensure that the highest quality resolutions and learning are delivered.

Response Times

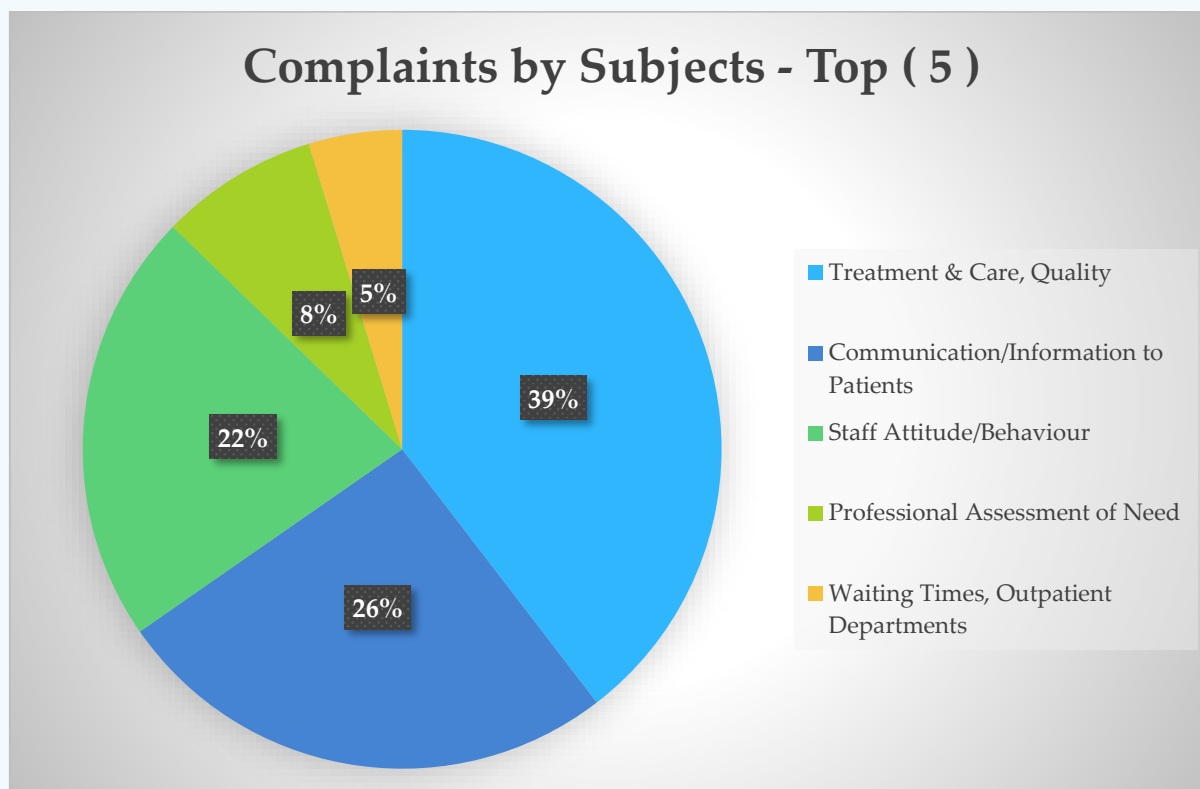
Out of the 647 formal complaints received, a total of 109 (17%) were responded to within 20 working days.

Of the 647 formal complaints received, a total of 32 (5%) were re-opened. This was a 7% decrease in re-opened complaints when compared to the previous year.

Complaints by Subject – Top 5

The top 5 categories of complaints received during 2023/24 are set out below:

1. Treatment & Care (Quality)
2. Communication & Information to Patients
3. Staff Attitude / Behaviour
4. Professional Assessment of Need
5. Waiting Times, Outpatient Departments



Lessons Learned and Service Improvements

We welcome complaints so that we can learn lessons and improve our services. An action plan is completed, where appropriate, following the investigation of complaints.

Complaints trends and learning to help prevent recurrence are presented within the Assurance framework and Directorate Governance forums to support collaborative learning and sharing of same.

We use this information to feed back to patients and staff on changes and improvements made.

Complaints are discussed with staff concerned and often the issues are brought to staff meetings and other professional forums for discussion on how services can be improved. Following the investigation of complaints during 2023/24 the following comments were captured as part of the learning:-



Complainant said: There was no communication regarding father's discharge and only found out about this when the Nursing Home informed her that her father had arrived there.

We did: Staff have implemented a system where nursing staff proactively contact families on a daily basis with an update.



Complainant said: I have concerns about the attitude of a social worker and the lack of follow up with issues relating to a vulnerable adult.

We did: Reassurance is given that Social Workers receive extensive training in the areas highlighted in the complaint. Case should have been kept open until there was clear communication and a robust plan in place for the client.



Complainant said: She had concerns regarding possible deterioration in her husband's eyesight due to a delay in him receiving notification of an appointment.

We did: Miscommunication between the optician and patient led the patient to believe that an email would be sent to the Ophthalmology Consultant. This caused confusion for the patient. It identified a need to explain the referral pathway to the patient and his wife. The Optician was also contacted regarding the referral process. Learning will be shared with all key staff involved in the patient pathway and who have been involved in the patient's care. Feedback will then be provided to the Booking Team, Optometrists, Nursing and Consultant Teams.



Complainant said: Complainant raised concerns regarding the difficulties in contacting the family Social Worker and the non-payment of Direct Payments which is causing the family great distress.

We did: Trust advised a review was overlooked due to the absence of staff resulting in a mix up with the payments. The new Social Worker has now completed the necessary paperwork and the back payment is to be processed immediately. A single point of contact is to be rolled out in the Southern Sector of the Trust which will improve communication and prevent these types of situations from arising again.



Complainant said: Complainant raising concerns about the attitude of a staff member when he made contact with Occupational Services.

We did: Staff have reflected on the need to deal with all queries empathetically and sensitively.



Complainant said: Eye drops that were issued for her granddaughter were already open and had a different name and date of birth on them.

We did: Lessons learned in ensuring medication is opened and checked and any unused medication is returned to the pharmacy.



Complainant said: They had concerns about a data breach regarding their client's information.

We did: Principal Social Worker apologized that the information was shared inappropriately and for the distress caused to the complainant and offered to meet to apologise in person. The Service Manager advised that this was reported to the Information Commissioner's Office. Lessons learned were in relation to confidentiality and the sharing of information.

Learning from a Northern Ireland Ombudsman Case

If a complainant is not happy with the Trust's final response to their complaint they can request a further review by the Ombudsman.

A final report received from the NI Ombudsman's Office following their investigation into a complaint focussed on the following issues:

Whether the care and treatment received by the patient was reasonable and in line with relevant standards and guidelines.

The following recommendations were highlighted as part of their investigation:

- Ensure all staff are reminded of the importance of timely catheterisation in the management of acutely unwell patients;
- Encourage relevant staff to attend further training relevant to the appropriate care of critically ill surgical patients;
- Include the requirement for timely catheterisation in the Surgical Team's induction material;
- Ensure those staff involved in the care of acute pancreatitis are familiar with current relevant guidance. This will be reflected within their personal appraisal/revalidation process;
- Remind the Surgical Team of the critical care referral and escalation process.

These recommendations have now been taken forward by the Trust.

LEARNING FROM INCIDENTS

Facts & Figures

In the year 2023/24, 19,274 incidents were reported, an increase of 1% over the previous year.

Incident Reporting and Review

An adverse incident is defined as “Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation”.

Increased reporting can reflect a positive reporting culture where there is a willingness to reflect when things go wrong and learn in an open inclusive manner. Where incidents increase due to particular issues / concerns these are highlighted in trend reports to managers and through more detailed reviews of specific incidents to identify learning and prevent / reduce recurrence.

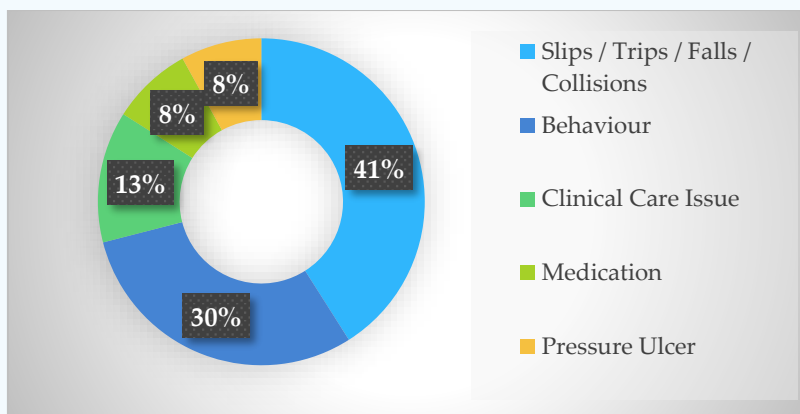
The Trust actively encourages the reporting of incidents and the open review of incidents by the staff involved. Incident training continues to be provided for staff both classroom based and virtual. Incidents are reviewed and learning is identified and shared at a number of forums including – Weekly Rapid Review Group (RRG); Corporate Safety Huddle; weekly ward meetings; Directorate Governance meetings; Ward Managers Governance meetings, Monthly Theatre meetings; Audit days.

The Trust shares learning primarily through a network of Governance forums and also through communications such as a staff newsletter called “Share to Learn” and a weekly safety message to staff, ‘Lesson of the Week’, accessible through a prominent icon on the Trust’s intranet site. The Trust Rapid Review Group (RRG) meets weekly and identifies any urgent learning from serious incidents for sharing across the Trust and/or regionally.

The Risk Management Department continues to work to make reporting incidents easier for staff. To encourage the identification, investigation and reporting of incidents. Work is currently underway to further develop “how to guides” for easy reference for staff. Risk Management Team are also working to develop e-learning modules for incident reporting.

Top 5 Reported Categories

The top five categories of incidents reported within the 2023/24 period is detailed in the graph below:



Slips/Trips/ Falls (41%)

The percentage share of Incidents relating to slips, trips and falls increased by 2% on the previous year. The Trust encourages the reporting of all falls to determine if anything could have been done to prevent what can be a distressing experience for the victim regardless of the level of physical harm.

Behaviour (30%)

The percentage share of Incidents relating to behaviour decreased by 8% on the previous year. The trust continue to see a reporting of incidents under this category. Again, staff are encouraged to report such incidents. The Management of Violence and Aggression (MOVA) group is a key working group, and provides a focal point for the discussion of all relevant matters. It works to review/produce procedures for use throughout the Trust. It also monitors all security related incidents and ensure any issues with meeting standards are escalated as required. The MOVA group have recently agreed an action plan relating to the implementation of the Management of Violence and Aggression Framework issued by Department of Health in December 2023.

Clinical Care Issue (13%)

This is a new category to the top 5 incidents reported within the 2023/24 period. Staff are encouraged to report all incidents locally and amber incidents relating to clinical care are discussed and actioned through Corporate Safety Huddle on a weekly basis. Red clinical care incidents are reviewed at the Rapid Review Group (RRG) on a weekly basis.

Medication (8%)

Medication incidents are reviewed by the Medicines Governance Pharmacist as well as the relevant ward/department and are not closed until appropriate review is completed. The Trust Medicines Governance working group oversee this process. A Medicines Safety Pharmacist reviews all medication incidents and provides a report to the multi-disciplinary group where all incidents of concern along with trends are considered to ensure any issues are addressed and learning maximised. The group oversees the sharing of medication related learning from a number of sources. Learning has been shared on a monthly basis through the newsletter 'Meds Safety West' and a number of articles have been shared through Safety Lesson of the Week.

Learning

The Trust Rapid Review Group (RRG) continued to meet weekly throughout 2023/24 to improve the identification and sharing of learning. During that period reviewed and authorised learning from SAls, Complaints, Claims, Coroner's Inquests and Incidents was shared trust wide where appropriate.

Serious Adverse Incidents (SAIs)

The Trust is required to report incidents that meet the criteria of a "serious adverse incident" (SAI) to the Strategic Planning & Performance Group (SPPG) within the Department of Health, formerly Health & Social Care Board (HSCB). An SAI is an incident which meets one or more of a list of specific criteria e.g. unexpected / unexplained death or serious injury or an unexpected serious risk. They may also relate to risks to maintain business continuity or serious incidents of public interest or concern.

Each SAI is investigated and a report submitted to the SPPG and, where appropriate, the Regulation & Quality Improvement Authority (RQIA), for them to consider whether there are any issues that need to be addressed on a regional basis.

Patients/service users and/or their families are advised when an incident relevant to them is to be reviewed as a SAI to ensure they are involved in the review as appropriate. The Trust also has systems in place to ensure that learning from SAIs is taken forward.

Table of SAI deaths by Directorate

The Trust places the management of all incidents as a high priority. When an incident results in a death it is acknowledged that this is a particularly difficult process for everyone involved, not least the families and the staff directly involved in the incident, and therefore must be prioritised for completion in a sensitive but effective way. The Trust will continue to work with all stakeholders to identify and embed the learning from these reviews to ensure the risk of them happening to someone else is reduced as much as possible.

The following table illustrates the number of SAIs that involved a death in the year 2023/24 for the Western Trust:

SAI Criteria	Unscheduled Care, Medicine, Cancer & Clinical Services	Surgery, Paediatrics & Women's Health	Adult Mental Health & Disability Services	Community & Older People's Services	Children & Families	Total
4.2.1. Serious injury or unexpected/unexplained death	7	5	0	7	1	20
4.2.6. Suspected suicide of a service user.	0	0	18	4	1	23
Total	7	5	18	11	2	43

The Serious Adverse Incident (SAI) Team have recorded the learning themes from incidents from January 2024. The top 5 Serious Adverse Incident (SAI) learning themes from January 2024 to March 2024 are:-

Learning Theme Template:	Jan-24	Mar-24	Total
Record Keeping	1	6	7
Deficient checking and oversight	0	5	5
Guidance/process/policy/procedure	1	3	4
Gaps in Knowledge	1	2	3
Patient Factors	0	3	3

How the Organisation Learns

The Trust utilises the following systems for sharing learning from SAls:-

- Learning is shared with the relevant local area where the incident occurred and with staff involved following completion of SAI through their local Governance arrangements.
- Learning is shared directorate wide through a Governance report tabled at each Directorate Governance meeting quarterly.
- Learning is shared Trust wide (if appropriate) through Rapid Review Group (RRG). RRG is attended by representatives from all the service Directorates including the Directors who decide how best to share the learning which may include through specific forums/groups.
- It is the responsibility of the SPPG to share any regional learning from the final report across the region. RRG also decide if regional learning is required to be urgently shared during the SAI review and share it with SPPG using a Regional Learning Alert prior to SAI being completed.
- Learning is also shared generally through a number of mediums including Safety Lesson of the Week (in Staff-west website); Share to Learn newsletter; Trust SAI Learning workshops.

Monitoring of shared learning is done through SAI Action Plans. Action plans are required to evidence how the learning has been shared and they are held open until evidence of completion is received.

Safety Messages

The Trust continues to publish a quality and safety newsletter, 'Share to Learn', to highlight Trust wide learning. Recognising that there is a limit to the immediacy of written communication and to the volume of content, the Trust continues to publish a 'Lesson of the week'. This sits on the Trust Intranet server and opens as a default on all desktop computers within the Trust.

The Trust Rapid Review Group meets weekly to review serious Incidents, Complaints and Inquests to improve the identification and sharing of learning and within this remit, will identify a safety lesson of the week. The following is a sample of topics shared from RRG as safety messages of the week: - MRI Implants & Devices, New Hyperkalaemia Kit and Safe Disposal of Controlled Drugs at Ward Level.

During 2023/24 the Quality and Safety Team continued to provide a quarterly report for Directorate Governance Groups. This includes information on SAls, incidents, complaints, litigation, health and safety, National Institute of Clinical Excellence (NICE) guidance, details on Regulation & Quality Improvement Agency (RQIA) reviews and other quality and safety indicators. This allows discussion and associated learning by the groups.

Leadership Walkrounds

Making care safer for patients/clients is a top priority for the Trust and leadership walkrounds are held in facilities who have contact with patients, clients and service users. The Trust is committed to promoting a culture of safety where all staff can talk freely about safety or quality concerns and also how we might solve and learn from them. Directors and Non-Executive Directors conduct leadership walkrounds for the purposes of making care safer and gathering information for learning on how we can improve. A total of 346 leadership walkrounds have been carried out since they were introduced in April 2008.

During the year 2023/24 a total of 24 leadership walkrounds were held. All of the leadership walkrounds that had been cancelled / postponed in previous years due to the pandemic have now been captured.

The leadership walkround question proforma, guidance documentation and the process on how the facilities visited are selected was reviewed. More emphasis is to be placed on learning from good practice and any learning identified for sharing widely through Clinical & Social Care Governance / Corporate Governance sub-committees as relevant.

QUALITY IMPROVEMENT (QI)



QUALITY IMPROVEMENT UPDATE

INTRODUCTION

The Western Trust QI Team continues to support staff to build their QI knowledge and skills, enabling them to make continuous improvements in their place of work as they strive towards providing timely access to safe and effective care. Teams undertaking QI projects display a commitment to delivering value to our patients, clients and colleagues, during this challenging time in Health & Social Care. This has resulted in increased quality & safety for patients, clients and other colleagues.

QI TRAINED STAFF 2023/24

11912 staff in post as at 31 Mar 2024

Level 1

9912 staff. Rise of 9%

Level 2

348 staff. Rise of 13%

Level 3

42 staff. Rise of 7%



QI WEST CONNECT NEWSLETTER

We connect with our staff through various methods to keep them updated and engaged with QI at local, regional and national levels. Our QI newsletter, **QI West Connect**, is produced bi-monthly, reaching approximately 600 staff with an interest in QI. The newsletter features an in-depth story from a QI Team about their project and highlights staff that have achieved recognition at a regional/national level for QI Projects and/or completion of training. It also promotes QI events, webinars, training, funding and award opportunities.

QI WEST CONNECT FORUM



Average attendance 15 people per month

We also hold a monthly forum that connects virtually for 1 hour with an 'all teach all learn' approach as we share projects and receive support and advice from our peers, we keep our skill-set up to date with 5 slides - 5 minutes teach-back sessions. This forum holds a psychological safe place for our QI Enthusiasts to share, learn and motivate each other.

QI & INNOVATION SHOWCASE EVENT 2023

QI & Innovation Showcase Event held on 09 November 2023 was an in person event showcasing 18 Projects from our Safety Quality West Cohort 5 level 2 programme alongside various other QI Projects taken forward by staff within hospital & community setting. Prizes were awarded for best project in Categories of Delivering Value, Co-production, Best use of QI Methodology, QI & Innovation and Best Poster Award. Several of these projects went on to present at regional and national level.

Over 120 staff attended and they felt invigorated and energised by the wonderful work that is ongoing to improve care for our patients. It also offered them an opportunity to network and collaborate for shared learning and consider opportunities to scale and spread successful projects.



Speakers at the QI & Innovation Showcase Event; Trust Chair, Dr Tom Frawley; Levette Lamb, HSCQI; Lorraine Adams, Trust QI Coordinator and Guest Speaker, Peter McCammon.



Sexual Health and PHA Homeless Team sharing success of winning the QI & Innovation Award, presented by Dr Mark Roberts & Dr Lisa Brady.



REGIONAL AND NATIONAL



The Western Trust's Adult Psychological Therapies Teams worked in collaboration with all the other Trusts in NI to scale and spread their successful project across the region. Our WHSCT Childrens' Disability Team, Community OT Team and Paediatric Dietitian teams worked with the Southern and South Eastern Trusts to introduce their successful change ideas into our services. All of these offer an opportunity to build a regional learning system as we collaborate and work together on improvement.

HEALTH IMPROVEMENT ALLIANCE EUROPE

The Western Trust continues to engage and collaborate with the workstreams within year 8 of this programme, namely the Staff Wellbeing Collective Impact Group and the Creating, Leading and Sustaining a Culture of Quality workgroup.

IHI INTERNATIONAL CONFERENCE COPENHAGEN,

This International Quality & Safety Conference held in Copenhagen – May 2023 was attended by three Western Trust staff as part of their Scottish Quality & Safety Fellowship Programme. Adapting to a changing world: equity, sustainability and wellbeing for all was the theme, focusing our attention on how the improvement movement can help healthcare systems adapt and thrive in a changing world.

DRAGONS HEART INSTITUTE SCALE & SPREAD ACADEMY

Along with HSCQI colleagues, we attended this three day training event in March 2024. Project teams came away with a renewed individual and collective belief from delving with incredible detail into their personality traits, appreciating their worth and how they can influence the system they work in.



SERVICE USER ENGAGEMENT

CO-PRODUCTION AND QI

We continue to keep our patients voice at the centre of our improvement work, through patient surveys, patient stories and having services users working as part of the Quality Improvement Team as we continuously improve.



WHAT MATTERS TO YOU DAY (2023)



What Matters to You (WMTY) is a conversation we should always have with people. Putting them at the heart of their care or support, listening and understanding what really matters to them. We celebrated national WMTY day on 6th June by sharing posters and conversation cards to encourage our staff to have these vital conversations with colleagues, patients, residents, service users and family members.

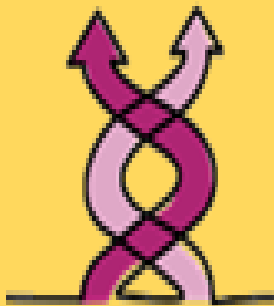
IMPROVEMENT THROUGH INVOLVEMENT

In July 2023, as part of Co-Production week, the Western Trust's Involvement Team along with HSC partners, service users, carers, community & voluntary sector, hosted Involve Fest West. The festival celebrated and created awareness about the importance of involvement and recognising the role it has when we are planning and improving our services.



Theme 2

Strengthening the Workforce



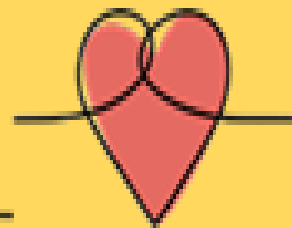
Build



Support



Enhance



Lead

INDUCTION

In May 2023 a new regional Learning Management System known as [LearnHSCNI](#) which introduced a new Corporate Induction/Onboarding module. During 2023/24 **2582** Trust staff completed, this included **959** new starts.

Medical Induction & N2NI Induction

Postgraduate and undergraduate inductions are a continuous part of our education governance. In addition, this year an extended induction programme was offered to the new to Northern Ireland (N2NI) and the NHS doctors to include simulation training.

LEADERSHIP PROGRAMMES

Leadership Festival

In June 2023 the 'We are West' Leadership Festival took place which was a week-long event. This event was co-produced by a steering group made up of colleagues from Communications, Quality Improvement, Health Promotion, Occupational Health and the Ethnically Diverse Staff Network group, the event was led by the Organisation and Workforce Development team.

The festival was an opportunity to launch the new Trust vision and Mission statement and each day had an individual theme, "We are Caring", "We are together", "We are West" and "Our Vision, Our People". The week closed with participants reflecting on what one thing they could do to live our vision and mission and the launch of 'We Are West Mission Cup' was announced. The festival adopted a hybrid approach with a mixture on online and in person events to allow flexibility for staff to attend from more locations and to select the sessions of greatest interest and relevance. Events were opened to staff from all grades and professions. A total of 924 attendances were recorded over the four day event with a delivery of 21 hours of content. The content delivery of the week involved four Directors committed to chair a day each, 13 external motivational and keynote speakers and 17 internal speakers highlighting best practice and successes. The event had greater reach and was more cost effective than the traditional one day conference in previous years.



Post-Graduate Diploma in Health and Social Care Management



The Post-Graduate Diploma in Health and Social Care Management is an Ulster University validated programme facilitated by the Trust's Organisation and Workforce Development team in collaboration with the HSC Leadership Centre.

10 students successfully completed year 1 of the Post Graduate Diploma in HSC and are now on course to complete year 2 with graduation in September 2024.

Leader and Manager Framework



During 2023/24 there were 26 managers who successfully completed the Leader and Manager Framework across levels 1 and 2 (Bands 3 – 7). A further 106 managers are on the current cohort of the Level 1 and Level 2 programme. The Leader and Manager Framework Level 3 (Band 8A+) launched in 2023/24 and has 20 senior leaders within the organisation due to complete the programme in May 2024.

LEARNING AND DEVELOPMENT

During the past year the Trust's Organisation & Workforce Development Team have delivered 28 virtual training sessions delivered on non-core mandatory HR training, covering 801 staff.

Vocational Training

The Trust's Vocational Training Centre continue to deliver a range of health and social care qualifications at OCNNI Level 2 to Level 5 through funding provided to the team by Social Services Training. It also delivers health and social care support qualifications through the Staff Support fund which also funds places on the Open University module K102 Introducing Health and Social Care (Level 4) offered in conjunction with UNISON. During 2023/24 95 students were upskilled by Vocational Training.

COACHING AND MENTORING

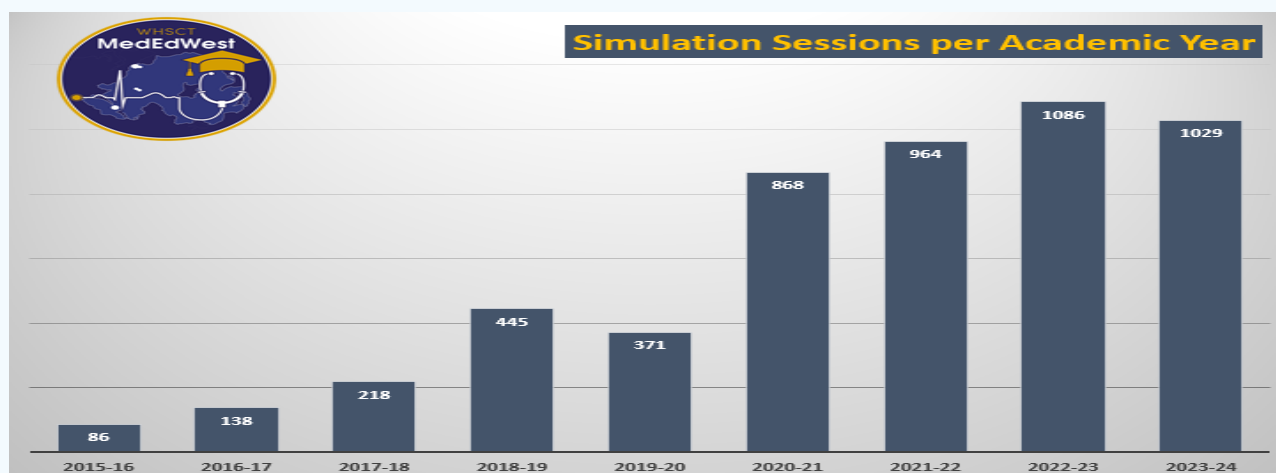
Coaching Network

The Trustwide **Coaching Network launched on 1 December 2023**. There are a total of 32 trained coaches on the network, with a further 5 coaches currently completing their qualification. Since the Coaching Network launched, a total of 48 coaching requests have been received comprising of both self-referrals and management referrals, with 35 coach/coachee matches confirmed. Development of our coaches is ongoing with 17 of our coaches having attended coaching refresher training in November 2023, and 3 coach supervision sessions have taken place.



Simulation & VR

Simulation education continues to grow and develop. Learning in simulation requires psychological safety where participants feel comfortable engaging to their fullest extent, speaking up, or asking questions without fear of embarrassment to themselves or others. MedEd simulation statistics reflect the continuing value of the investment in terms of training provided and continued expansion to simulation training provided.



MedEdWest – Teach the Teacher

Our Teach the Teacher programme remains popular. This year, 81 educators have been trained on this accredited programme providing medical staff with 6 CPD towards GMC recognition of trainer status.

Year	Level	Number Trained
2022-2023	Trainee Doctors	80
	FYO/Medical Students	21
2023-2024	Trainers/medical staff	14
	Trainees	62
	FYO/Medical students	5

This course also provides knowledge of simulation teaching and debriefing, thereby developing simulation awareness and teaching throughout the Trust. Medical teaching cannot be provided unless this course has been completed. The course has expanded with an additional module this year to include peer-review.

Clinical Education Teaching Fellows

Founded in 2014, the MedEdWest teaching fellowship is now in its 10th year and continues to recruit at least 14 participants every academic year, which are representatives of doctors from a variety of medical and surgical specialities, including trust clinical fellow posts. MedEd has continued on this innovation approach, recruiting medical education fellows including GPs which will help meet the continued demands to 2025 and beyond.

SUPERVISION

Medical Supervision

GMC Recognition & Approval of Trainers

Trainers carry out a vital role in ensuring safe and effective care through good clinical supervision and supporting and monitoring educational progress through education and clinical supervision. Training responsibilities are reflected in medical staff job plans. There are currently 176 GMC recognised trainers.

Nursing and Midwifery Clinical Supervision

Clinical Supervision encourages registrants to examine their practice, skills, knowledge, attitudes and values in a safe environment and is a key enabler in professional development for nursing and midwifery staff. Supervision gives an individual registrant the means to develop professional skills and judgements to assess the nurse / patient relationship and a commitment to achieve professional growth in order to improve the standards of service.

Effective participation in supervision sessions is one way a registrant can demonstrate responsibility for their own professional improvement. Every registrant should have the opportunity to have two supervision sessions per year.

The Western Trust Policy and Procedures for Supervision in Nursing clearly highlights the processes and procedures for supervision for registrants within the Trust.

Significant work goes on throughout the year to ensure registrants receive two sessions of supervision per year. Ward / Department Managers / Sisters / Charge Nurses alongside Lead Nurses / Midwives are responsible for facilitating, implementing and maintaining supervision for nurses and midwives within their teams. Records of how many staff receive one and two supervision sessions per year are held at ward / department level. Compliance is reported onto the Professional Nursing SharePoint site and is also included for discussion at the WHSCT Accountability and Assurance Committee meetings.

The overall Trust performance for staff who had received two supervision sessions is 75%. These are formal supervision sessions but staff do avail of informal supervision that would not be recorded on the Professional Nursing SharePoint site such as debriefs, huddles and psychological support sessions offered by the Trust.

In August 2022, the Chief Executive of the Northern Ireland Practice and Education Council (NIPEC) issued a Reflective Supervision Framework that was endorsed for implementation by the Chief Nursing Officer, Midwifery Officer and Executive Directors of Nursing. Work is ongoing within the WHSCT to develop a WHSCT Reflective Supervision Policy which aligns with the NIPEC Framework as well as developing a system to support organisational accountability for the implementation of Reflective Supervision.

Social Work Supervision

The Social Work Workforce review NI 2022 was published by Department of Health (DoH) in March 2022. As a result the Social Work Workforce Implementation Board has been established under the auspices of the Chief Social Worker. The Director of Social Work is a member of the board and the Assistant Director of Social Work sits on a number of work streams.

There are 6 work streams to take forward, with 53 recommendations across the strategic themes:

- Supply
- Safe Staffing
- Workforce Planning
- Workforce Business Intelligence
- Retention
- Workforce Development

Within the Western Trust the Social Work Workforce plan was launched on 21st March 2023. The plan focusses on Recruitment and Retention of staff.

The Workforce plan has four themes:



Attract, Recruit and Retain to **build** the workforce.

Professional and wellbeing provision to **support** the workforce.

Learning, development and governance to **enhance** the workforce.

Compassion, quality and sustainability to **lead** to workforce.

In addition to the four themes, the workforce plan highlights the top five priorities identified by social workers during the engagement:

1. Reduce unnecessary bureaucracy
2. Normative workloads
3. Streamlining processes
4. Transfer policy
5. Trauma informed support

Each of these five priorities have been included within the 4 themes / work streams of the workforce plan.

Summary of work currently being completed/underway.

Reduce unnecessary Bureaucracy

- Care of Older Peoples Service (COPS) have a task and finish group set up to consider how work could be reduced.
- Work ongoing within Family and Childcare (F&CC) as part of the Childcare Management Board/Ray Jones Review
- Bespoke coaching and training being developed in F&CC to consider how staff can spend less time on paperwork and produce same outcomes.



Safe Staffing/Manageable Caseloads

Progress Achieved:

- The Trust were represented on two safe staffing work streams chaired by DoH, in relation to Children's and Older Peoples services. The 'Safer and Effective Staffing' Report was launched in April 2024. Trust colleagues continue to work with DoH and regional colleagues on recommendations within the report.



Transfer Policy

Progress Achieved:

- Transfer Policy was introduced in September 2023. This allows for band 6 Social Workers to apply for internal transfers without an interview process and they have priority over external recruitment processes.



Effective Recruitment

Progress Achieved:

- The Trust continue to be part of the regional recruitment of social workers. We have also contributed to the review of the process in an effort to enhance recruitment processes.
- In addition, as part of the regional recruitment process, 61 social work students have recently applied to work in the Trust. All of these students have been offered posts and most of them will be in posts by September 2024. This will significantly reduce vacancy rates in the Trust.



Increase social work qualification pathways, including traineeships and Open University

Progress Achieved:

- The Trust have introduced a bespoke Trainee Social Work Scheme, initially focussed on hard to fill Social Work posts in Family and Childcare in Enniskillen. This scheme will be rolled out across all areas of Social Work. This is the only Trainee Social Work scheme in place in Northern Ireland
- Open University places increased –The Trust continue to increase the number of Trust employees undertaking Social Work Training at the Open University. The Trust are commissioned by DoH to take on 4 students in October 2024, but the Trust will have 10 students commencing on the course. This will mean that the Trust have 30 Open University students on the course at that point.



Enhanced support for NQSW'S / AYE's

Progress Achieved:

- The Social Services Learning Development and Governance (SSLD&G) team have completed a re-structure to enable additional support for newly qualified social workers (NQSW) completing their assessed year in employment (AYE). NQSWs, have reported that they are receiving excellent support as a result of this dedicated support. The Trust have an increased level of students completing the AYE within 12 months and higher levels of NQSWs remaining in the current posts.



Permanent contracts for all social workers

Progress Achieved:

- Social Work Agency ceased on 30th June 2023.
- In addition to reducing agency and stabilising the workforce, the ultimate plan is to have a permanent social work workforce. A Paper was presented to the Trust Corporate Management Team (CMT) in May 2024, outlining a pathway to ensure that all Social Workers in the Trust had permanent Contracts. Additional work is underway to achieve this goal.



Approved Social Worker (ASW) – Fit for the Future

Progress Achieved:

- Social Services Learning, Development and Governance service commissioned a review of the ASW Service, carried out by Dr Phil Hughes.
- Report was presented to CMT in May 23. Project Management Group has been established to oversee the implementation of the recommendations.
- New model of delivering the ASW rota has been introduced in the Trust. ASW's have reported that they are significantly happier with how this process is now being managed. In addition there are additional ASWs currently on training and further additional Social Workers due to go on ASW training in October 2024.



Expand coaching network to social work practitioners

Progress Achieved:

- Coaching for Social Work Framework was launched on 12th September 2023. The framework offers coaching sessions to all social workers and will foster a creative culture focused on learning and continuous improvement. On the back of the Social Work Coaching Network, the Trust also reintroduced Coaching support to all staff through the HR Organisational Development team



Supervision Policy

Progress Achieved:

- The new regional Supervision Policy for Social Work was launched in March 2024. Services from different directorates had been involved as part of pilot sites in testing out a new flexible approach. This has contributed to progressing the implementation of the new policy, supporting services to revise old processes to allow for a more flexible and effective approaches.
- Supervisors of all social work staff are mandated to attend the 3 day Intermediate Training Programme that is updated and maintained through collaboration between the five Trusts. In 2022/23 it was delivered in a hybrid approach but in 2023/24 returned to face to face delivery. Training is reflecting the new policy and incorporates knowledge, skills and values to inform supervisory activities.



Key Workforce Issues and Challenges

There are a few significant initiatives that will impact on the social work workforce, depending on how they are implemented. The Adult Safeguarding Legislation and roll out of GP MDT models, will potentially create a large number of attractive band 7 posts. This could have a significant impact on front line social posts in areas such as Family and Childcare and Older Peoples, where vacancy rates have been high in recent years.

Allied Health Professionals (AHP) Supervision

Supervision is well embedded in AHP services with staff receiving a minimum of 4 sessions per year, in line with Regional AHP Supervision Policy.

Compliance is monitored within each AHP service and feedback sought using appropriate audit tools.

A review of the regional supervision training has been completed and the AHP education framework for supervision training has been redesigned. This hierarchical framework will support AHP staff at each stage of their career and enable effective supervision practice as set out in the revised Regional AHP Supervision Policy (NI) 2022.

Learning from the pandemic has escalated the use of a blended learning approach i.e. Tier one is available on an eLearning platform and tier two a mix of eLearning and face to face.

STAFF ACHIEVEMENTS



On 18 April 2024 the Trust held its annual Staff Recognition Awards Ceremony. The event was attended by staff and guests, including award winners, colleagues and management from across the Trust as well as other external stakeholders.



The Trust received 364 applications / nominations with 70 Awards presented.

Medical Education Training Awards (META)

On 25th June 2024, MedEdWest hosted an awards event to celebrate and recognise the contributions and achievements of DDiT and medical students. The Chairman, Medical Director and senior Trust leaders and directors joined doctors and MedEdWest staff to acknowledge awards over multiple categories. Awards of excellence across academic achievements, leadership, innovation and professional and sporting excellence was acknowledged and celebrated at the event.

A number of MedEd projects were presented at conferences by our doctors and were successful winners for our N2NI induction and ReadyDocs project receiving two prizes.

Professional Awards

Trust staff were successful in obtaining a number of awards over the year such as:

NI Social Care Council Professional In Practice Awards

Staff attended the Northern Ireland Social Care Council Professional in Practice Awards.



The ceremony recognised 23 Social Workers from the Western Trust who have completed a Professional in Practice Award that reflects commitment to learning and dedication to delivering outstanding social work practice in a range of areas.

Consolidation Awards	Judith Bratton-McClay, Samantha Carland, Charlene Cassidy, Claire Duffy, Karina Olphert
Specialist Awards	Michelle Allen, Anne-Marie Bradley, Kelly Connolly, Mairead Donnelly, Shaun Donnelly, Donna Downey, Emma Duffy, Claire Farry, Jayne Ferguson, Kevin Leonard, Karen McElhill, Sharon McGinn, Serla Meer, Jacqueline O'Connell, Lisa Rodger, Stephen Sheridan, Janet Stewart, Vail

Western Trust Nurses honoured in the Royal College of Nursing (RCN) Northern Ireland Nurse of the Year 2023 Awards

Congratulations to Cathy Glass, Nursing Services Manager, Trauma and Orthopaedics at Altnagelvin Hospital, Derry /Londonderry winner of the Directors of Nursing Award along with Karen Harper and Helen McCormick, Cancer Lung Specialist Nurses at the North West Cancer Centre who were runners up in the Patient's Choice Award category and Angela McKeever, Macmillan Service Improvement Lead at the North West Cancer Centre who was runner up in the Research Nurse of the Year Award category. Tracy Miller, a third year student at Ulster University, Magee, was runner-up in the Student Award sponsored by Queen's University, Belfast.



Congratulations to SWAH Elective Overnight Stay Centre Team for high performance award

Congratulations to all staff involved in the South West Acute Hospital's Elective Overnight Stay Centre, having been chosen by the Department of Health's Permanent Secretary Peter May to receive an award for high performance.

Celebrating success in the Advancing Healthcare Awards Northern Ireland 2023

Congratulations to Kerry Quinn who won the Rising Star award for her work with acute patients attending Altnagelvin Hospital and their families making a real difference to their lives.

The Award for Outstanding Leadership was won by a regional project including Joy Whelan, Gastroenterology Advanced Practice Dietitian based at Altnagelvin Hospital.



Congratulations to Nursing Student Carol Walmsley in South West Acute Hospital on Excellence in Nursing Award

Nursing student Carol Walmsley, received an award from the Northern Ireland Practice and Education Council (NIPEC) in recognition of her excellence as a nursing student with the Open University while completing her management placement within the Emergency Department (ED) at South West Acute Hospital, Enniskillen.



Quality Improvement (QI) and Innovation Showcase Event



Coproduction Award
Promoting Adult Day Care Team



Delivering Value Award
SMART Triage Gynaecology Team



Best Use of QI Methodology
Grangewood Patients Discharge Team



Best QI Poster
Prescribing Acute Sedation Team



Elective Care Recognition Award Success

The regional Elective Care Management Team recognised two members of the Western Trust staff, Anthony McCauley, Project Manager, Theatres Rebuild and Tony Griffiths, Senior Business Intelligence Analyst for their work in developing the Qlik app. The Qlik app has been instrumental in supporting theatre rebuild, growth of Daycase in Omagh Hospital, as well as expansion of the South West Acute Hospital Elective Overnight Stay Centre sessions.

Davin Corrigan Award

The Forget Me Not Bereavement Suite Project at South West Acute Hospital was announced the 2023 winner of the Davin Corrigan Award.



NIMDTA Educational Excellence Awards

Congratulations to Dr Mukesh Chugh for receiving an award for Innovation in Equality, Diversity and Inclusion at the NIMDTA Educational Excellence Awards.



Support Services Catering Team achieve Calorie Wise Gold Award for second year running

Support Services Catering Teams based in the Southern Sector of the Trust achieved the Calorie Wise Gold Award for the second year running at a presentation held by Fermanagh and Omagh District Council recently. The calorie wise information assists our staff and customers to make an informative decision of their food choices.



Trust Chief Executive & Trust Staff receive Kings New Year's Honours

Mr Guckian, received the Officer of the Order of the British Empire (OBE) for his services to Health and Social Care and to the community in Northern Ireland.



Congratulations to Western Trust colleagues Dr Manav Bhavsar and Bronagh Hegarty on their much deserved recognition in the King's New Year's Honours list.

Bronagh is the Western Trust's Principal Pharmacist for Patient Services and Procurement based at Altnagelvin Hospital and received the Member of the Order of the British Empire (MBE) for services to healthcare and Pharmacy.



Manav is a Consultant Anaesthetist based at Altnagelvin Hospital and was the Clinical Lead of Critical Care throughout the Covid-19 pandemic within the Western Trust and receives the Member of the Order of the British Empire (MBE) for services to Healthcare, particularly during Covid-19.

Community Respiratory Team, Omagh Hospital highly commended in Healthcare Heroes and Key Worker Awards



Our Community Respiratory Team based at Omagh Hospital and Primary Care Complex celebrated their success at the Families First NI Healthcare Awards 2023 held at the Titanic, Belfast.

The Omagh Community Respiratory Team were absolutely delighted to be nominated for NI Families First Healthcare Awards and to receive highly commended in the Healthcare Heroes category.

LOOKING AFTER OUR PEOPLE

Staff Support including Team Support and Occupational Health

Following COVID the Minister of Health allocated £3m to the Trust to support staff wellbeing. This has been used to fund a range of resources and supports for staff including a Staff Health and Wellbeing Fund through which staff were able to make applications for a range of supports. A number of successful applications requested team building and support.



The Organisation and Workforce Development (OWD) team secured Endowments and Gifts (E&G) funding in December 2021 for the specific purpose of supporting staff well-being through team and staff development. Since February 2023, the OWD team have been focused heavily on providing support to teams in the Trust through Team Building and Team



Support interventions. During 2023/24 the OWD team has designed and aligned a new team support model to deliver sessions to teams which related to 58 of the successful applications and have also engaged with 52 of these teams, delivering 64 sessions reaching a total of 1,101 staff.

The Occupational Health and Wellbeing (OHW) Modernisation Programme continues to embed and the multidisciplinary team has further developed to include Psychology, Physiotherapy and Occupational Therapy, offering holistic assessment and intervention. Psychological input is provided for individuals and as an outreach service for teams via one-off psychological support sessions or a series of reflective practice sessions to build peer support.



TWIST West

Improving the Health and Wellbeing of Trust Staff

Introduction

The Western Trust strives to be a *Great Place to Work* with a focus on staff wellbeing.

Investment and development into supporting staff well-being remains a priority within the Western Trust. The Wellbeing Framework, HSC Healthier Workplaces Network, the Staff Wellbeing Forum, communications with staff, cross-department and regional engagement forums help to support and guide the development and implementation of staff wellbeing initiatives within the Western Trust.

The Staff Wellbeing Team within the HIEI Department continue to promote and enhance provision of staff health and wellbeing through a range of services to maintain and improve wellbeing at work.

In 2022, the *We Are With You* Staff Wellbeing Project commenced; involving the recruitment of 2 full-time Wellbeing Advocates and a full-time Communications Officer alongside a wellbeing framework and action plan to increase wellbeing opportunities within the workplace. This additional support is funded by NHS Charities.

The We Are With You Project is funded until 31st March 2025.

Key outcomes from 2023/24 include:

- **TWIST West Forum**
 - Facilitated quarterly meetings with representation from across the 9 directorates.
- **TWIST West Staff Wellbeing Website** www.twistwest.org
 - Updated weekly with current staff wellbeing information.

- **Tranquil Tuesdays Staff Wellbeing Newsletter**
 - 48 newsletters produced and circulated with Staff. Staff invited weekly to contribute to newsletter content.
- **Staff Wellbeing Menu of Programmes**

From 1st April 2023 to 31st March 2024 The Wellbeing Menu provided Trust Staff a total of 313 sessions, which resulted in a total of 10,642 staff attending at least one wellbeing session.

The menu consisted of programmes supporting:

 - Team Wellbeing Sessions
 - Female Health
 - Financial Wellbeing
 - Menopause Support
 - Mental Health
 - Nutrition
 - General Wellbeing
 - Physical Activity
- **Let's Talk Menopause Café's (Online and in-person)**
 - The Menopause Cafes continues to operate once monthly. These events have been well attended with the addition of online information sessions added to the Wellbeing Menu. There have been a total of 17 Menopause sessions provided, with 314 staff participation.
- **Health Champions**
 - Recruitment of 63 Health Champions.
 - Database of Health Champions created.
 - Regular wellbeing communications sent to Health Champions.
 - Tea and Talk organised for 3 main Trust sites.
- **Staff Giveaways**
 - Coordinated staff wellbeing giveaways to include theatre tickets, concert tickets, shopping vouchers, poetry competitions, call-out for newsletter contributions.
- **Databases**
 - Database of health and wellbeing providers maintained.
 - Database of staff wellbeing programmes created and maintained.
 - Database of Health Champions maintained.
 - Database of Western Trust Managers maintained.
- **Innovative and Creative Ways of Working**
 - The Staff Wellbeing Team engaged with staff via Health Champion Network, regular communications, staff wellbeing activities and events, staff information sessions, Trust Communications, the staff wellbeing website and the staff wellbeing newsletter.
 - New staff wellbeing events have been added to the staff wellbeing menu in response to suggestions made via the Staff Wellbeing Fund applications.
 - In collaboration with staff – we have developed new features for our Newsletter such as suggested competitions, 20 Questions Feature, and Spiritual Thought of the Month, Staff Stories Feature and more.
 - The wellbeing team are working in partnership with WHSCT adult mental health and occupational health to host a series of online sessions, facilitated by subject matter experts, covering topics such as, CBT Tips for Mental Health, Tips on How to Avoid Burnout, Supporting a Family Member or Colleague with Addiction, CISIM Service and How to Avail etc. This has proven to be extremely popular with staff.
- **Health Improvement Campaigns**
 - Events and information sharing focused on monthly health campaigns.

- **Smoking Cessation Support for Staff**
 - Brief Intervention Sessions available to staff and advertised via HIEI Training Brochure and newsletter.
 - Helpline and support information feature on website and promoted via newsletter.
- **Breastfeeding Support**
 - Breastfeeding Policy and returning to work support featured on website and newsletter.
 - Breastfeed packs advertised and distributed to staff.
- **Chaplaincy Support for Staff**
 - Chaplaincy Team and contacts featured on website and newsletter.
 - Chaplaincy section added to newsletter.

Feedback

Breakdown of wellbeing events attended by Western Trust Staff during 1st April 2023 - 31st March 2024.

Programme Category	No. of sessions ran	No. of Staff Attended
Team Session	10	158
Female Health	1	14
Financial	3	96
Menopause	17	317
Mental Health	11	139
Nutrition	2	9
General Wellbeing	101	4896
Physical Activity	168	5013
TOTAL	313	10,642

TWIST WEST WEBSITE:

We have a website dedicated to Staff Wellbeing | TWIST West Website. This website is updated regularly with current health and wellbeing information, featuring weekly staff stories and contributions.

(This service has come to an end as of 31st July 2024, due to end of funding)

TRANQUIL TUESDAYS:

The Tranquil Tuesdays Staff Newsletter is circulated to staff via email on a weekly basis, highlighting health information, staff wellbeing events, stories, photos, features and more. Staff are encouraged to contribute to the website and newsletter content each week.

HEALTH CHAMPIONS:

63 Health Champions recruited, added to database, receive regular wellbeing communications, supported to run wellbeing events.

Contact

For more information please contact: the Staff Wellbeing Team, HIEI Department, Maple Villa B, Gransha Park, Derry/ Londonderry, BT47 6WJ T: 028 71 865 127



REVALIDATION

Appraisal & Revalidation - Medical Staff

During 2023/24 the Trust Responsible Officer submitted a total of 74 recommendations and all recommendations were upheld by the General Medical Council. The table below provides a breakdown of recommendations submitted:

Revalidation Recommendation	Number submitted
Deferral	10
Non Engagement	0
Revalidate	64
Total	74

In relation to the theme of 'Strengthening the Workforce' there were 10 recommendations for 'Deferral' submitted to facilitate Medical Practitioners in situations where not all key supporting information requirements were present. Such deferrals can be regarded as being positive recommendations as the Trust continues to support our doctor's Appraisal & Revalidation activities.

The Trust Appraisal & Revalidation Team continue to support our Medical Practitioners with appraisal and revalidation activities providing advice, guidance, key supporting information and training.

During 2023/24 the Appraisal & Revalidation Team facilitated a number of Appraisal & Revalidation online training sessions attended by 88 Medical Practitioners. 70 attended for Appraisee training and 18 attended for Appraiser training. The provision of Appraisal & Revalidation training, for both the Appraisee and Appraiser, is key to the development and maintenance of the Trust Appraisal & Revalidation support structure.

The Appraisal & Revalidation Team have developed some online presentations with voice over to help with ongoing themed queries. We hope to build further presentations to support Medical Practitioners with online appraisals and preparation for revalidation. We will ensure that the new GMP guidance and the Neurology Inquiry is considered in this training. We aim to move towards Regional online training that all Medical Practitioners can complete. Our vision is to adapt online appraisal and revalidation training to be streamlined similar to mandatory online training.

Nursing Staff

Revalidation of Nursing & Midwifery Staff within the WHSCT

Revalidation is a mandatory requirement of the Nursing and Midwifery Council (NMC) for all registered nurses and midwives. This requires registrants to complete a revalidation portfolio every three years in order to maintain their registration. The revalidation process allows nursing and midwifery staff to continually develop and reflect on their practice to ensure they practice safely and effectively.

The NMC Revalidation guidance for Nurses and Midwives is available to all nursing and midwifery staff to support and guide them in regards to the revalidation process. The NMC website offers guidance, resources and templates to support nurses and midwives to revalidate.

Revalidation is not a confirmation of Fitness to Practice nor is it an assessment of the quality of a nurses or midwives work. It is confirmation that a nurse or midwife has fulfilled the requirements of the revalidation process.

All nurses and midwives have to declare that they have received confirmation from an appropriate person in support of their revalidation application. The preferred option is for the nurse or midwife to obtain confirmation from their line manager wherever possible and in most cases this individual will be registered with the NMC. However not all nursing or midwifery staff are directly managed by a nurse or midwife and the NMC has a guidance document (Information for confirmers) for other potential confirmers.

It is the responsibility of each registrant to ensure they keep their revalidation up to date and meet timeframes / dates outlined by the NMC. A failure to not revalidate on time will lead to a registrant being removed from the live register by the NMC. In the WHSCT, if a registrant lapses in error, the Assistant Director (AD) professionally responsible for the registrant and the AD for Nursing Governance, Safe & Effective Care should be informed; this will also be focused on within the Nursing and Midwifery Accountability and Assurance meetings. If there are any concerns regarding a particular registrant this will be discussed between the AD's and a plan initiated for supporting / managing the registrant.

A registrant who is not live on the NMC register cannot work as a nurse or midwife within the Trust until they have been re-instated by the NMC. It is the responsibility of the registrant to apply for readmission if he / she wants to come back on to the register. The registrant will be afforded the choice of either requesting annual / unpaid leave until such time as their registration has been re-instated, or continuing to remain at work at a pre-registrant job level (band 4). In situations where the registrant chooses to remain at work, the line manager should seek approval from their AD to temporarily downgrade the registrant until such time as their registration becomes current once more. The Trust has taken this decision to avoid registrants getting into financial difficulty. Supporting staff is a key focus of the Trust and is embedded within the Trust values. Guidance for managers and information for registrants is available in the WHSCT Regulation and Professional Registration Policy 2023.

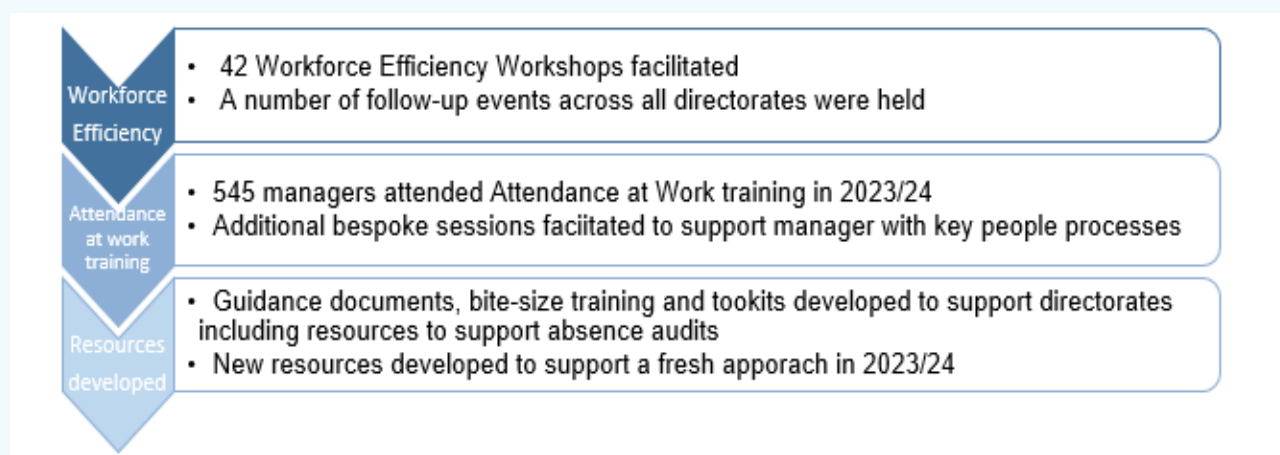
To avoid the situation where a registrant's revalidation has lapsed, managers are encouraged to keep a register at a local level of revalidation / registration dates to minimise the occurrence of registrations lapsing. Some clinical areas in the Trust use the Trust E-roster system that has a function to alert managers to upcoming revalidation due dates for registrants.

MAXIMISING ATTENDANCE

Supporting Improved Attendance and Wellbeing

In 2023/24 the Workforce Stabilisation programme was established to enable focus on a range of workforce issues. A key objective of this work was to promote workforce efficiency and retention and the initial focus has been on supporting managers to effectively manage attendance and support staff wellbeing. HR staff worked closely with managers across a wide range of hotspot areas and facilitated Workforce Efficiency Workshops. These workshops focused on the importance of data to inform monitoring and decision-making, specifically with regard to attendance, staff turnover, acting arrangements, temporary staffing and additional hours.

A key objective of the work has been to promote managers' confidence and capability in managing complex workforce issues.



MANDATORY TRAINING

The Trust has continued efforts to improve Mandatory Training compliance in core training areas. In October 2023 Cyber Security was included as a core mandatory training area with a target of 50% compliance to be reached by 31 March 2024. The Trust has exceeded this target reporting 72% compliance.

The trend analysis at yearly comparisons show significant improvement across all areas, however, further improvement is still required and mandatory training continues to be highlighted regularly through various channels including People Committee.

	April 2022	April 2023	April 2024
Onboarding (Induction)	90%	90%	94%
Quality 2020	67%	77%	84%
Fire Safety	62%	72%	76%
Information Governance	70%	80%	85%
Equality	53%	69%	77%
Moving & Handling	61%	70%	77%
Cyber Security	N/A	N/A	72%

STAFF TRAINING

Medical Education & Training

Western Trust provides postgraduate training and learning opportunities for 260+ trainees every year across several training programmes from foundation training, general practice and specialty training schools. 426 medical student placements and 76 physician associate placements.

MedEdWest continue to strive for excellence in education. MedEdWest is now two years into a major change process, with this past year being the most challenging and impactful yet. We continue with implementation and project management for the new Final year of Ulster University (UU) Graduate Entry Medical School (GEMS) clinical attachments and the final year of change to the QUB curriculum from C19 to C25 now impacting the 5th year group of students.

The impact of the changes continue to be felt across all levels of training requirements, despite this MedEd continues to be dynamic and agile, driving forward quality improvement methodology to address the major changes of the past academic year, reviewing everything from existing technology to team configuration. All to enable the necessary undergraduate expansion to play their part in ensuring the medical workforce of the future.

CSR/Widening Participation

MedEdWest continues to support and facilitate initiatives that engage school age children from all academic, social and ethnically diverse backgrounds to consider future careers in the healthcare system. This year, MedEdWest again provided a virtual widening access session to Medicine and Physician Associate careers in collaboration with Speakers for Schools. We continue to find this to be a great experience engaging with the youth of our cities and the goal of increasing awareness of healthcare jobs, benefiting families, communities and the local Trust. This widening participation approach will continue with new and evolving initiatives to engage future medical professionals through engagement with programmes aimed at promoting access to these careers at an early stages in all schools future events making medicine an option for all in the WHSCT area.

Undergraduate & Postgraduate Quality Assurance Systems and Processes

Quality management processes are in place, this allows the Trust, in collaboration with QUB and UU, and to ensure DoH that SUMDE is being used to deliver appropriate outcomes in the support of undergraduate medical education. The annual QUB clinical visits to Altnagelvin and SWAH took place with excellent feedback from the medical students. Specialties achieving quality scores of greater than 80% are considered to reflect high standard clinical teaching provided by Trusts.

The trust was praised for the quality of clinical teaching provided to QUB medical students with 8 out of 10 specialties scoring well above 80% which is deemed excellent. There was also strong positive feedback from UU/GEMs P year placements with 96% agreeing that the overall clinical placement were of high quality.

Postgraduate quality assurance systems are in place between the Trust and NIMDTA. Deanery visits take place every year. The GMC NTS (National Training Survey) identifies area of good practice and improvements required that are monitored as part of our quality report returns to NIMDTA.

MedEdWest App

The Eolas App is going from strength to strength, our “one top shop” for all our medical education resources. The App enables us to communicate effectively and efficiently with the current 871 subscribed users.

Reducing the Risk of Hyponatraemia

The Western Trust leads the very highest standards in relation to safe fluid therapy for children and we continue to implement the Regional Fluids Policy. Professionals now can easily benchmark their own best practices in line with the Regional Competency Framework and we also promote fluids safety at our twice yearly face to face Medical and Dental inductions. We also mandate that Medical Staff undertake the BMA and HSC online training modules on fluid therapy.

Infection Prevention and Control (IP&C) Training

Induction and Mandatory Update Training

During 2023/24 Infection Prevention & Control (IPC) Induction Training and Mandatory Update Training continued to be delivered via an e-learning programme. This was developed regionally for use by all health and social care organisations in Northern Ireland. The e-learning programme is hosted on the regional learning management system, LearnHSCNI.

The IPC Team also delivered a series of virtual training sessions via Microsoft Teams. These sessions were aimed at staff with minimal or no patient/ client contact or healthcare staff with patient contact who require role specific training, e.g. Support Services, HSDU, Estates, Transport, Social Workers, Chaplains, etc. The Team also facilitated face-to-face Induction Training for large groups of new staff in departments, e.g. Support Services staff.

Attendance at IPC Training is required on a biennial basis. The attendance rate over the 24-month period ending March 2024 was 58%.

Aseptic Non-Touch Technique (ANTT) Training

ANTT is a technique to prevent micro-organisms from being introduced to sterile / susceptible body sites during invasive procedures, such as wound care or when handling or manipulating devices (urinary catheters, peripheral and central venous cannulas). An ANTT e-learning programme is available on LearnHSCNI. In 2023/24, a total of 568 staff completed this training.

Ward-Based Enhanced Support/ Improvement Work

The IPC Team continued to provide IPC enhanced support/ improvement work programmes to wards/ departments during 2023/24. This involved on-the-spot education of staff, as well as ward-based training sessions. The support was a component of a programme to reduce healthcare-associated infections (HCAIs) and its focus was led by the needs of the wards / departments in conjunction with surveillance information. Topics covered included ANTT, insertion and ongoing care of peripheral intravenous cannulas and urinary catheters, and compliance with the Meticillin-Resistant *Staphylococcus aureus* (MRSA) Screening and Management Policy.

Haemovigilance Training

“Right Patient, Right Blood” requirements

The Trust promotes requirements of Better Blood Transfusion 3 - BBT3 - HSS (MD) 17/2011 and Blood Safety and Quality Regulations (BSQR, 2005). These standards require all staff involved in the blood transfusion process to have valid Haemovigilance training every 3 years (2 years if involved in blood collection) and valid competency assessment every 3 years (competency assessments are not required for staff who are only involved in authorising - i.e. prescribing - blood components). The Haemovigilance Practitioners regularly ascertain compliance with this requirement (e.g. when reviewing Haemovigilance incidents and Sample errors).

Trust staff can update their knowledge in transfusion practice by completion of e-learning modules via LearnHSCNI or attendance at a face to face Haemovigilance training session delivered by a Haemovigilance Practitioner.

The Haemovigilance Practitioners also provide training sessions for 'New Assessors' (face to face) and 'Current Assessors' can avail of an update every 18 months (face to face). The 'Assessors' and Haemovigilance Practitioners then undertake assessments in the clinical areas with staff who require competency assessments to be completed (face to face at ward level).

Other Training

The Haemovigilance Practitioners deliver ward-based training sessions as requested by the Clinical Area (face to face) e.g. WHSCT Major Haemorrhage Protocol, Transfusion Associated Circulatory Overload (TACO) or Blood Collection and any other topics identified in response to learning from Haemovigilance incidents. The Haemovigilance Practitioners deliver training and competency assessment yearly for the 'new FY0' to ensure they meet "Right patient Right Blood" requirements for when they take on their roles in the WHSCT. Agency/Locum staff also have access to our training and competency assessments.

Learning from the Covid-19 pandemic

During the COVID-19 pandemic, the Haemovigilance Practitioners realised that despite the challenging times it was still important to deliver training to promote safe transfusion practice and ensure appropriate use of Blood Components. Therefore, alternative training options were required at that time via MS Teams. The majority of the Haemovigilance training sessions have now moved back to face to face with staff engagement being very positive about this approach to learning about Right Patient Right Blood. The Haemovigilance Practitioners have also produced Blood Transfusion training videos that offers visual demonstration of key points of the blood transfusion process to strengthen learning. (Feedback from the videos has been very positive).

Theme 3

Measuring the Improvement

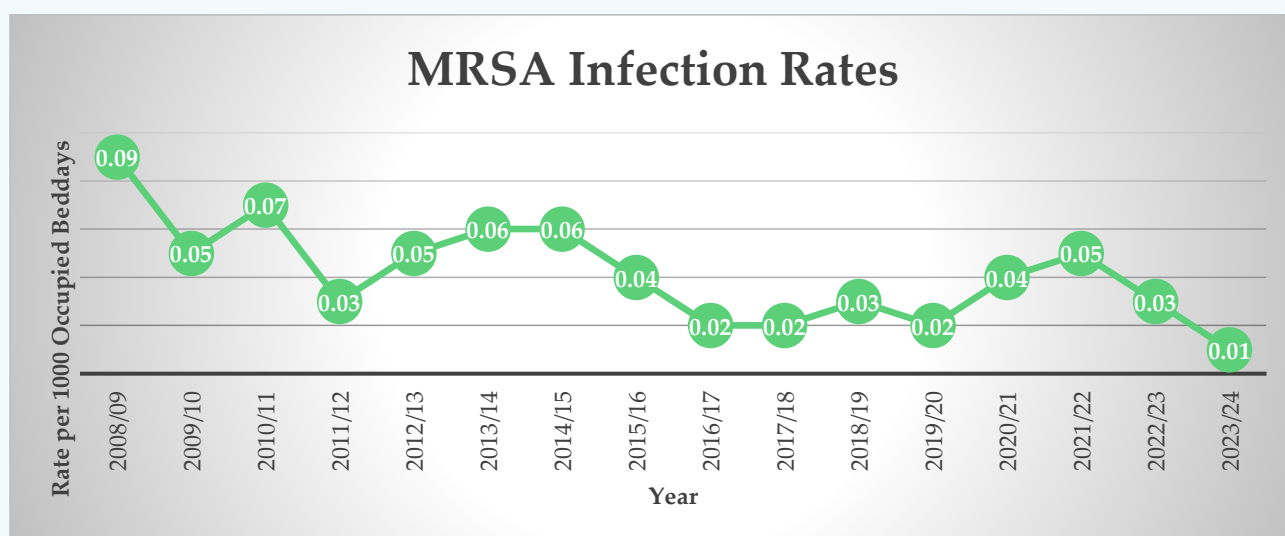


REDUCING HEALTHCARE ASSOCIATED INFECTIONS (HCAIs)

When HCAIs occur they may have a significant impact on the wellbeing of patients. The Trust has a zero tolerance for preventable infection.

Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteraemia:

MRSA is an antibiotic resistant organism which can be carried on the skin and not cause illness. However, when a person becomes ill for other reasons they become more vulnerable to infections caused by MRSA. The organism can cause serious illness, particularly for frail or immune-compromised patients in hospital who have a wound, or require a central line or urinary catheter. MRSA bacteraemia risk factors are related to the ongoing level of colonisation and vascular line care.



Facts & Figures

The MRSA bacteraemia reduction target set for 2023/24 was six. The Western Trust reported a total of three cases, therefore the target was achieved. This was a reduction of 57% compared to the previous year (seven cases). All three patients came to hospital with MRSA already in their bloodstream.

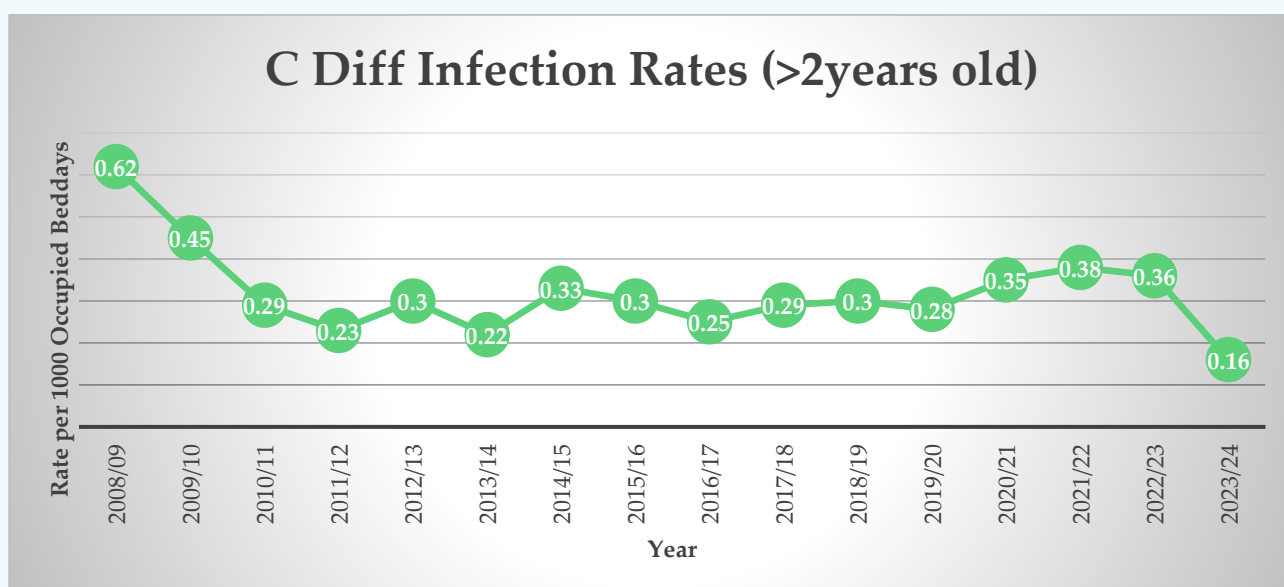
The infection rate for 2023/24 was 0.01 infections per 1000 occupied bed days, which was below the target set of 0.5 infections.

The Western Trust was one of only two Trusts in Northern Ireland to achieve their MRSA bacteraemia reduction target.

Clostridium difficile (C. difficile) Associated Disease

C. difficile is a spore-forming organism that can survive in the environment for long periods and colonisation is usually acquired by ingestion after contact with an affected person or contaminated environment / equipment. *C. difficile* is carried in the bowel. It is normally kept under control by other bacteria and patients may be colonised without displaying symptoms. The development of *C. difficile* associated disease is nearly always related to, and triggered by, the use of antibiotics prescribed either to treat another condition or given prophylactically. This is because antibiotics can change the natural balance of bacteria in the bowel, enabling *C. difficile* to multiply and produce toxins which can cause illness, including diarrhoea.

Within the Trust, predisposing factors for *C. difficile* continue to be antimicrobial prescribing in primary and secondary care and the use of proton pump inhibitors (PPIs). In addition, independent audit of compliance with the *C. difficile* care bundle remains a challenge, in particular prudent antimicrobial prescribing and environmental decontamination. A number of improvement measures have been implemented to reduce the increased burden of both hospital and community-associated *C. difficile*.



Facts & Figures

The *C.difficile* reduction target set for 2023/24 was 71. The Western Trust identified a total of 36 cases, therefore the target was met. This was a decrease of 56% compared to the previous year (81 cases). 10 of the 36 cases were community-associated.

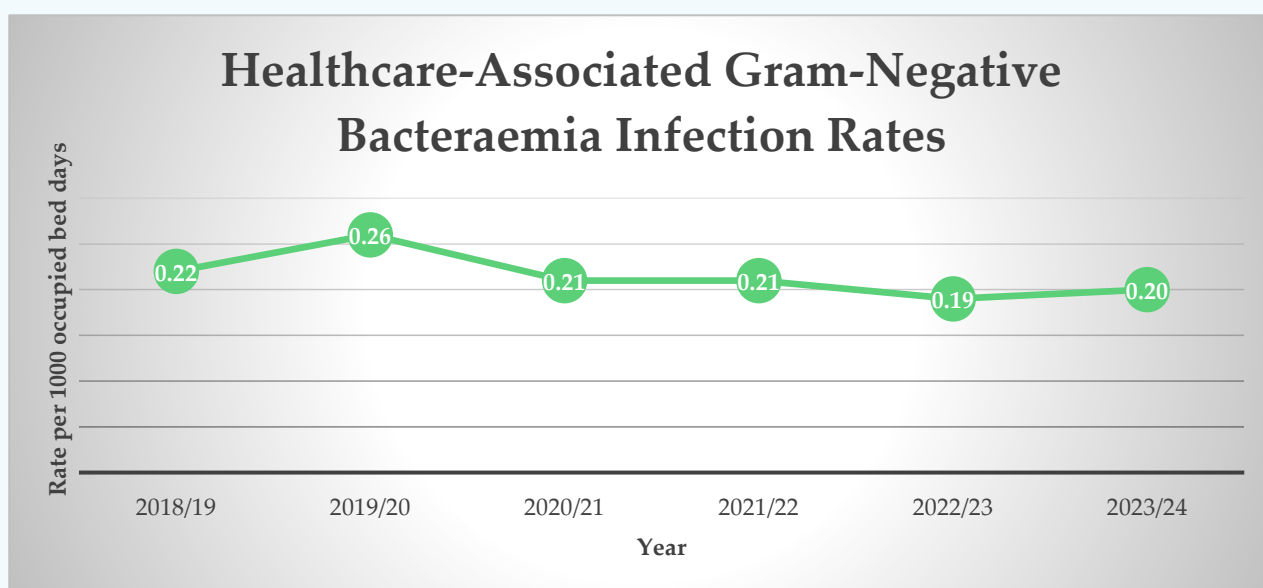
The infection rate for 2023/24 was 0.16 infections per 1000 occupied bed days, which was below the target set of 5.91 infections.

The Western Trust was the only Trust in Northern Ireland to achieve its *C. difficile* reduction target.

Gram-Negative Bacteraemia (GNB)

There are many different types of gram-negative bacteria. Some live in the intestine harmlessly, while others may cause infections with differing levels of severity and mortality. One of the most serious infections that gram-negatives can cause is a bloodstream infection or bacteraemia. Gram-negative bacteria are the leading cause of healthcare-associated bacteraemias. Gram-negative bacteria can be resistant to antibiotics and in some cases will be multi-resistant rendering many available antibiotics unusable.

In April 2018 a new mandatory enhanced surveillance programme for GNBs was introduced. The specific bacteria to be monitored were *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*. The surveillance programme is part of the Department of Health Northern Ireland's (DoHNI) response to the O'Neill Review's two ambitions for human health; namely reduction of healthcare-associated GNBs and reduction of inappropriate antimicrobial prescribing.



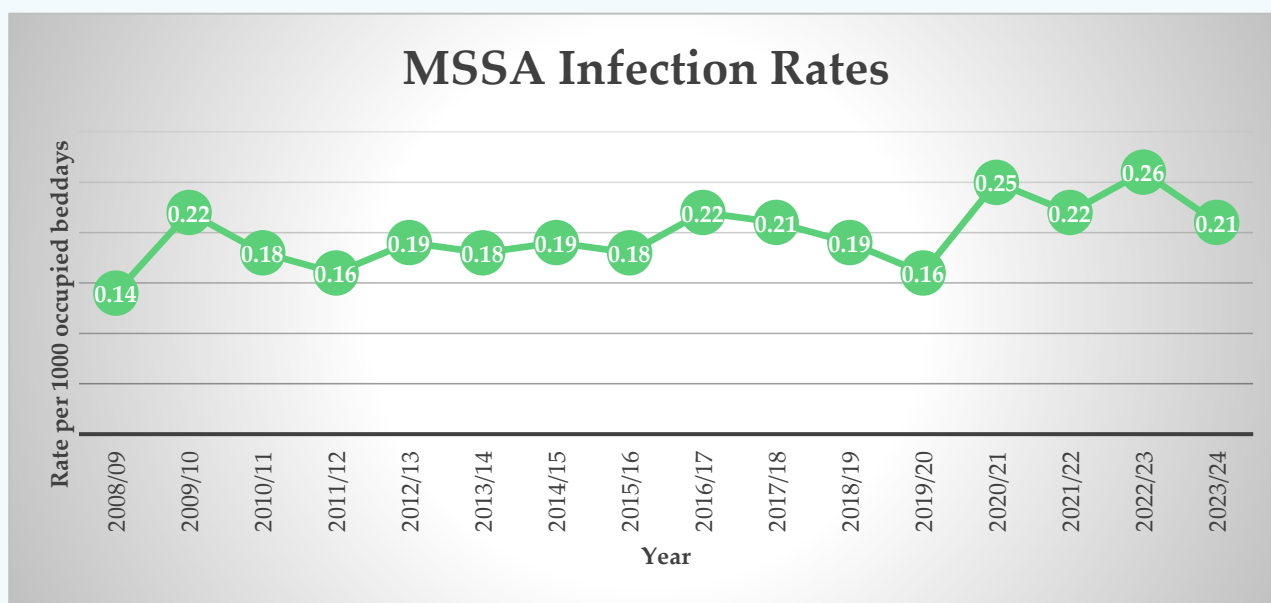
Facts & Figures

Given the challenges associated with reducing healthcare-associated GNBs to date, the DoHNI decided not to set a target for 2023/24. Rather Trusts were encouraged to minimise risk factors for GNB infections where possible. The Western Trust reported a total of 46 cases for the year. This was an increase of 10% compared to the previous year (42 cases).

The infection rate was 0.20 infections per 1000 occupied bed days.

Methicillin-Sensitive *Staphylococcus aureus* (MSSA) Bacteraemia

MSSA is the same type of bacteria as MRSA. It can have the same effects on vulnerable people, ranging from minor skin infections to much more serious illness, such as if it gets into the bloodstream and causes a bacteraemia. MSSA differs from MRSA in that it is sensitive to more antibiotics and so may be more easily treated. MSSA is also much more common; approximately 30% of the population carry it on their skin. It is, therefore, more difficult to control self-exposure (meaning acquisition from sites on the patient's own body). The controls in place for MRSA go some way to also protect patients from MSSA, but do not provide the same level of safeguard because of the ubiquitous nature of the organism.



Facts & Figures

There was no reduction target set for MSSA bacteraemia in 2023/24, however surveillance remained mandatory. The Western Trust reported a total of 49 cases. This was a reduction of 16% compared to the previous year (58 cases). 43 of the 49 patients came to hospital with MSSA already in their bloodstream.

The infection rate was 0.21 infections per 1000 occupied bed days.

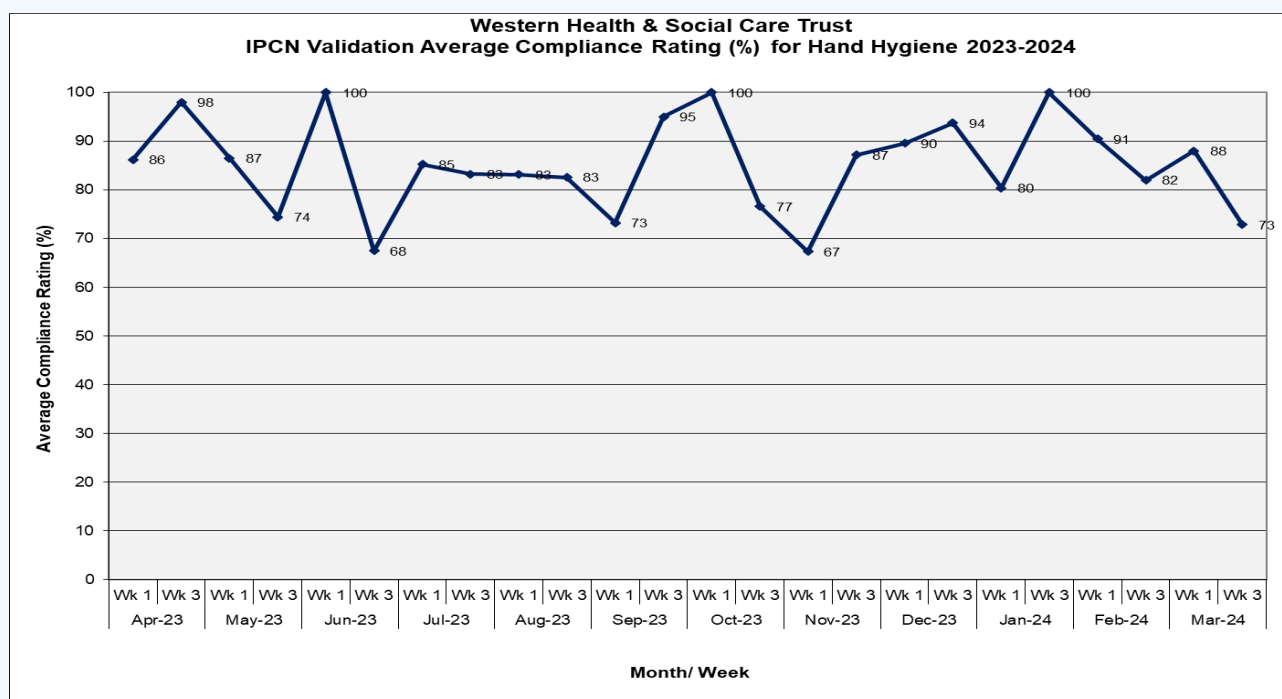
Hand Hygiene

Hand hygiene is one of the easiest and most effective ways of reducing the spread of HCAs. While many factors can influence the risk of acquiring an infection within the healthcare setting, hands are considered a key route by which pathogens are transmitted between patients, and inadequate hand decontamination is recognised as a significant factor in transmitting HCAs.

The Trust has improved and sustained correct hand hygiene practice since the introduction of regular and monitored hand hygiene audits in 2008. The overarching purpose of the audit is to provide performance information, to highlight good practice and to indicate precisely where improvements are required. Direct observation using a recognised hand hygiene audit tool is an effective way of assessing adherence to the evidence base.

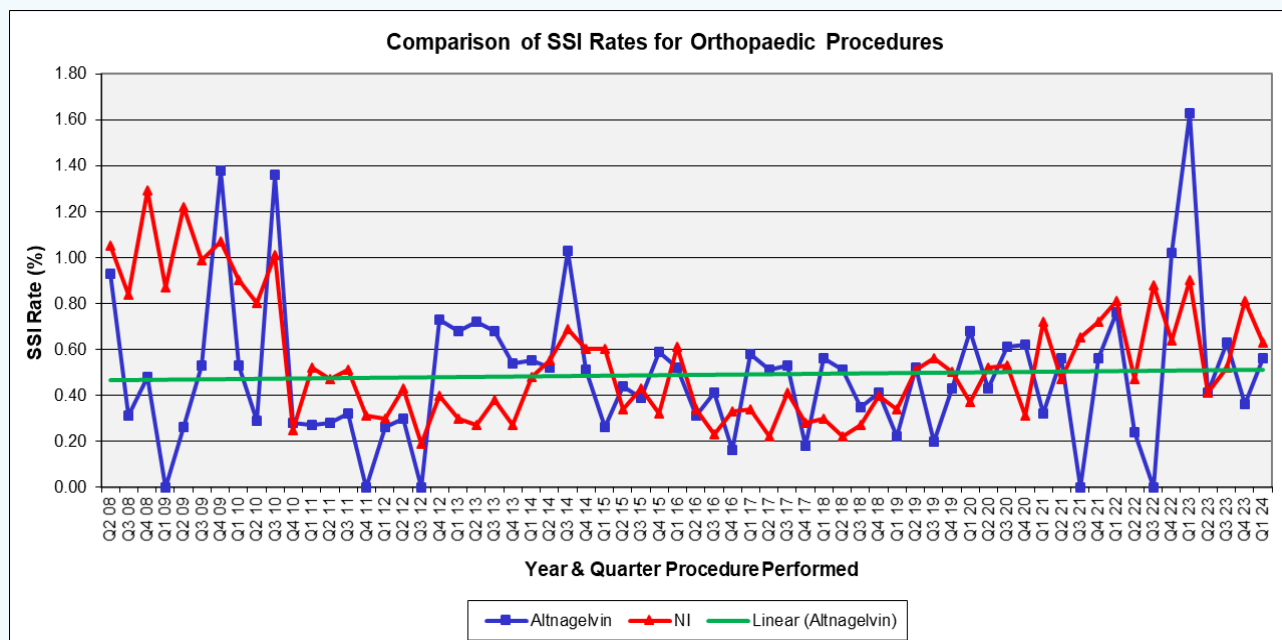
Self-reported hand hygiene audits are carried out by core ward / department staff on a regular basis and this is validated by peer / professional lead independent audits. The Infection Prevention & Control Nurses (IPCNs) also carry out ad hoc validation audits with the aim to achieve at least 95% compliance and, if necessary, to educate and improve staff practice, with the wards / departments leading on improvement strategies. An important feature of both peer / professional lead and IPCN validation audit figures is that they are normally lower than the self-reported figures.

During 2023/24 average self-reported compliance was 100% and average IPCN validation compliance was 84%. The graph below outlines only the IPCN validation average compliance rating for hand hygiene and does not include peer / professional lead independent audit figures.



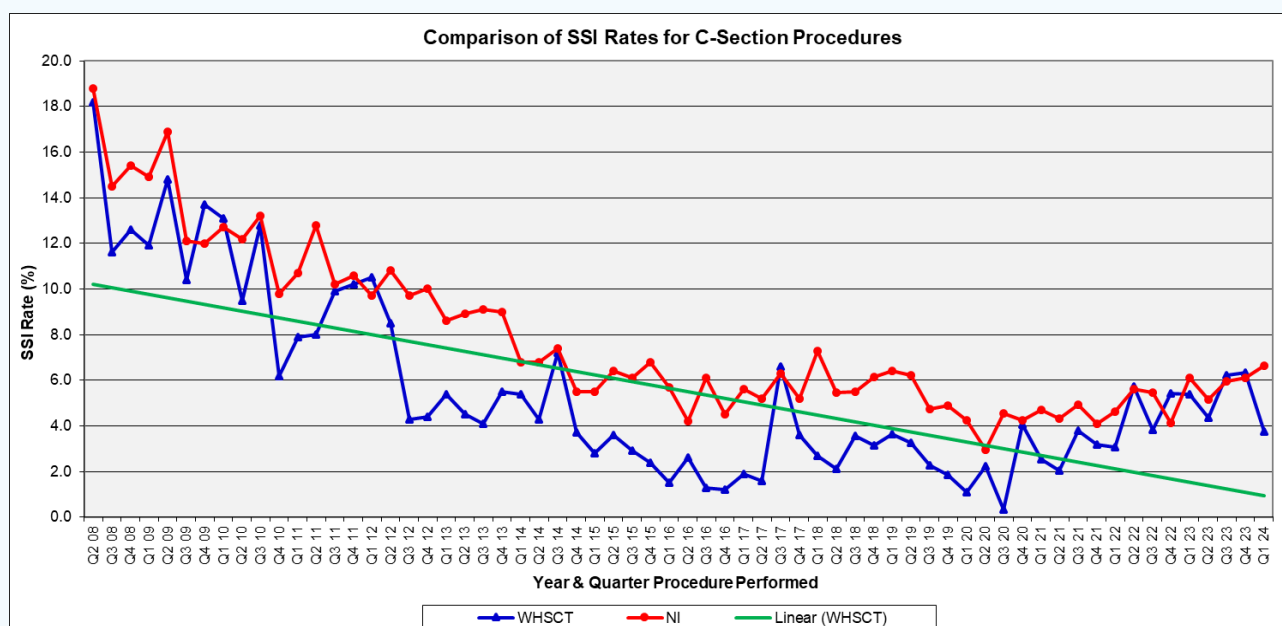
Orthopaedic Post-Operative Surgical Site Infection (SSI) Surveillance

Regional surveillance of orthopaedic post-operative infection has been continuous since July 2002. The Western Trust's SSI rate in orthopaedic surgery has routinely been below 1% since surveillance commenced, and the variation on the few occasions when it went above 1% was not statistically significant. The IPCNs continue to work collaboratively with the multidisciplinary team in developing further improvement strategies regarding SSI prevention.



Caesarean Section Post-Operative SSI Surveillance

The Western Trust began contributing to the regional post-operative Caesarean section SSI surveillance programme in February 2008. The Trust performs well compared with the NI average and has seen a significant reduction in the SSI rate over time. There was however, a rise in the SSI rate during part of 2023/24 and work is ongoing with the clinical team to investigate and develop improvement plans.



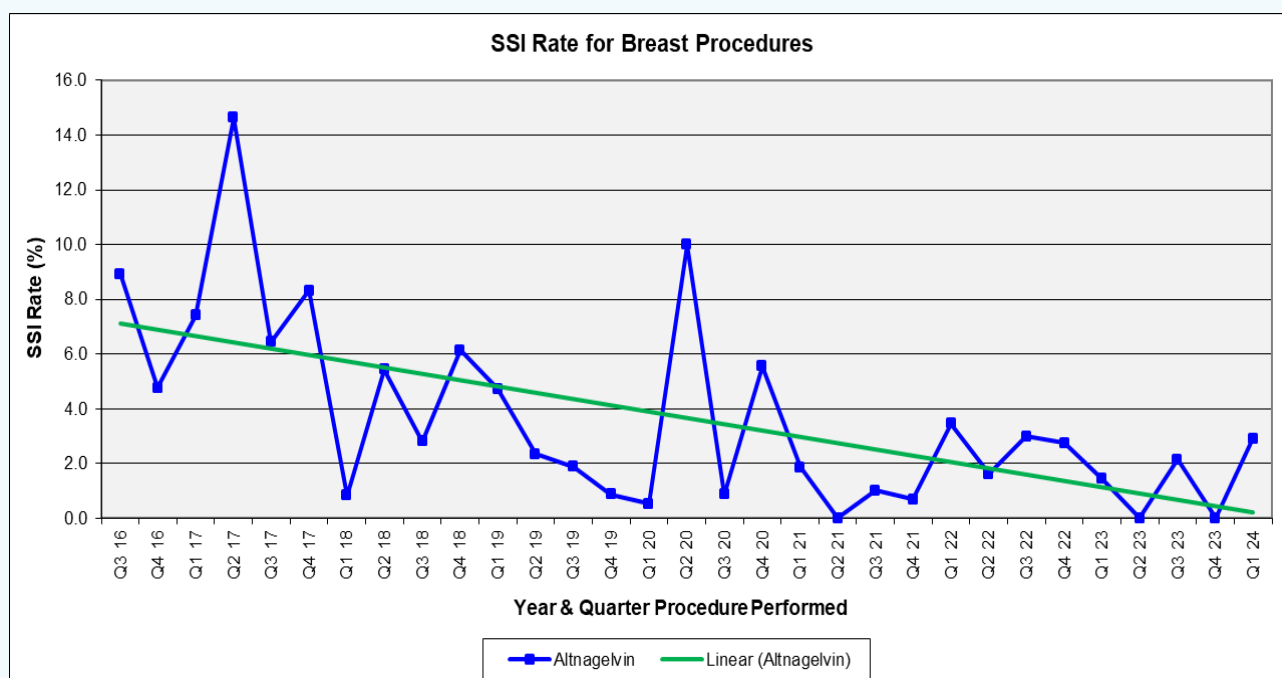
Critical Care Device-Associated Infection Surveillance

Critical care device-associated infection surveillance commenced in June 2011. The surveillance looks at ventilator-associated pneumonia (VAP), catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infection (CLABSI). The last recorded case of each occurred as follows:

- VAP – October 2018
- CAUTI – July 2011
- CLABSI – March 2012

Breast Post-Operative SSI Surveillance

A pilot surveillance programme for breast post-operative SSI commenced in the Western Trust in July 2016. At the end of March 2024, the SSI rate was 2.91%. There is no comparative NI data as the Western Trust is the only Trust undertaking this surveillance at present. Work continues with the multidisciplinary team regarding surveillance of SSIs and the implementation of improvement measures.



COVID-19 RESPONSE

In 2023/24 the Western Trust reported 255 healthcare-associated COVID-19 cases (detected via PCR testing). This was the lowest number of any Trust and accounted for 10% of the Northern Ireland total. It was also a reduction of 18% when compared to the previous year (312 cases).

The Infection, Prevention & Control Team continues to be significantly involved with the management of any suspected or confirmed cases of COVID-19 and with outbreak management.

Outbreak Management

The Infection, Prevention & Control Team managed 100 outbreaks of COVID-19 during 2023/24. This was alongside a further 15 outbreaks caused by other organisms / conditions including Norovirus, diarrhoea and/or vomiting of unknown aetiology and Influenza A.

Compliance with Infection Prevention & Control Standards of Practice

The Infection, Prevention & Control Team continued to monitor staff compliance with hand hygiene, the use of personal protective equipment and other High Impact Intervention audits. Support and education is provided to individual staff at the time of auditing and results are communicated to ward / department managers and senior managers for action. Audit results are also reported through directorate governance structures.

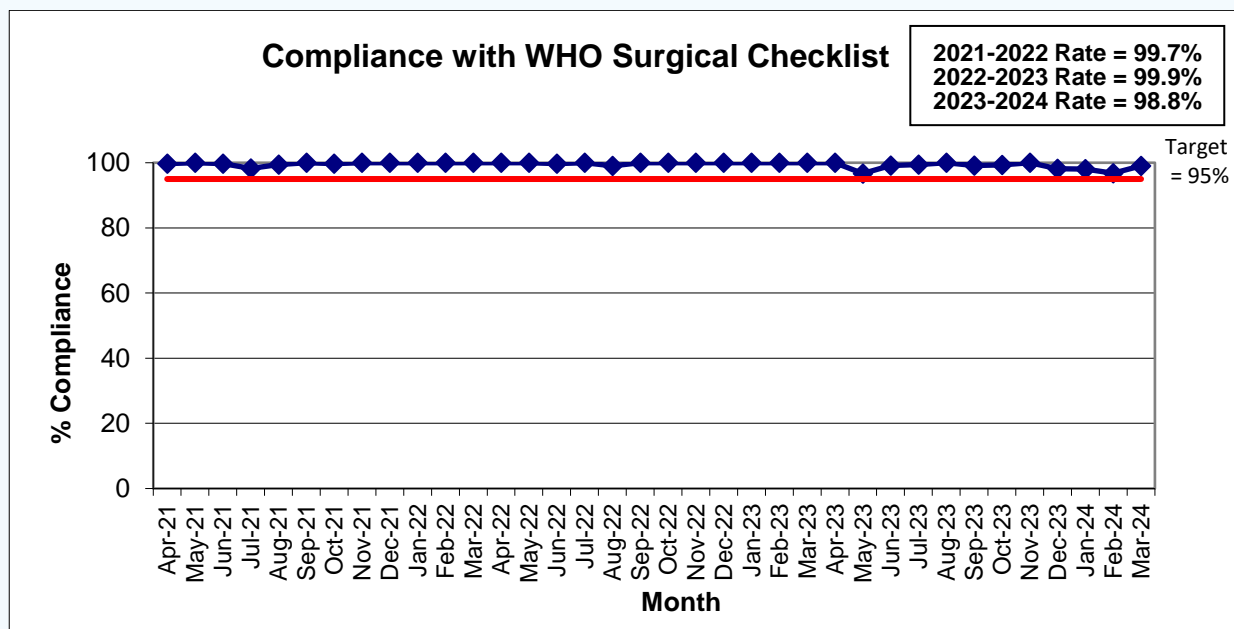
SAFER SURGERY

World Health Organisation (WHO) Surgical Safety Checklist

Evidence from around the world shows that patient safety is improved during surgery if a checklist is used to ensure that the operating team adheres to key safety checks before anaesthesia is administered, before the operation begins and after the operation is complete. The WHO Surgical Safety Checklist was developed to decrease errors and adverse events as well as to increase teamwork and communication in surgery. The WHO Surgical Safety Checklist has been adopted in all Trusts in Northern Ireland and is an important tool to reduce the number of errors and complications resulting from surgery.

The WHO checklist has become an integral element to all surgeries carried out within the Western Trust.

Monthly data is collected from a random selection of 20 patient case notes within each Theatre speciality. Compliance measurement is based on the percentage of surgical safety checklists filed in patients' notes and the percentage of surgical safety checklists signed at each stage of the process. The compliance rate for 2023/24 was 98.8% and monthly compliance is displayed in the graph below.



MATERNITY QUALITY IMPROVEMENT

Epidural bolus analgesia

Within the Altnagelvin Hospital site, a new practice has been introduced to the Labour Ward of administering programmed intermittent epidural bolus (PIEB). This new technique of administration of epidural analgesia involves a bolus injection of local anaesthetic into the epidural space, as opposed to long-standing practice of continuous epidural infusion.

This new technique provides a more superior quality of analgesia compared with continuous epidural infusion for management of labour and birth for pregnant women. Evidence suggests this new method of pain relief lowers the incidence of breakthrough pain and improves maternal satisfaction. Ongoing audit will assess this new form of analgesia.

Sip to send

Women for planned Caesarean Section often suffer from prolonged fluid fasting which leads to unnecessary thirst/discomfort and anxiety prior to their surgery. There was little evidence to support the practice of prolonged fluid fasting and limited evidence between drinking sips of water with increased aspiration risk..

Potential benefits for women include: minimise/avoid dehydration, minimise hypotensive effects of regional anesthesia, reduced patient anxiety, improve patient comfort/satisfaction.

A patient information leaflet was devised to explain the new fasting regime: eat until 0200h the night before surgery, clear fluids until 0700h morning of surgery, sips of water (50ml/h) until sent for theatre. Ongoing audit of the new practice showed decreased in-patient thirst scores and improved rates of satisfaction.

Venous Thromboembolism (VTE) Risk Assessment

A task and finish group was formed to look at accurate completion of VTE risk assessment in the postnatal period for pregnant women. Learning from an SAI highlighted that miscalculation of risks has led to incorrect duration of thromboprophylaxis treatment or no treatment being prescribed. A VTE audit was carried out to determine the level of accuracy in order to benchmark the current standard of practice.

The VTE risk assessment form has now been revised following collaborative work between pharmacy, midwifery, obstetrics and the maternity risk management and governance team. The lessons learnt and the new revised form will be presented at the regional maternity collaborative in order to decide if the change should become regional. A re-audit following implementation of the revised VTE risk assessment was completed in June 2024 and data analysis is underway. Findings and recommendations from this re-audit will be available soon.

Mechanical Induction

Mechanical induction of labour was introduced within Maternity in April 2022 to comply with NICE guidance. Mechanical induction is safer for women as it reduces the risk of hyper stimulation which may lead to fetal compromise and potential uterine rupture. Outcomes data is being collected on the Northern Ireland Regional Maternity system (NIMATS) and will be presented at Guidelines and Audit Implementation Network (GAIN) rolling audit days.

Midwives in the Antenatal Ward, Altnagelvin Hospital are now competent in the insertion of Foleys catheters (method of mechanical induction). This provides more continuity and choice for women but also facilitates timely management of the initial induction process on arrival to hospital. WHSCT Induction of Labour Guideline and Mechanical Induction Standard Operating Procedure have received governance approval. Implementation of a self-assessment competency tool to assist with training of midwives to ensure standards are compliant with local and national guidance.

Governance approval sought for implementation plan. An inpatient mechanical induction service was offered in the pilot phase. Scale up to an outpatient mechanical induction service for low risk women was the overall aim but has not been achieved due to various challenges with service delivery. This QI project has currently been paused but data collected during the pilot phase is under review. All women still have the option of mechanical induction as an inpatient within the WHSCT.

SBAR (Situation-Background-Assessment-Recommendation) Implementation

SBAR sticker is being implemented as a recommendation following learning from a Perinatal Mortality Review Tool (PMRT) within maternity. This tool will improve communication when midwifery or junior medical staff are seeking advice/review from senior obstetric staff or escalating a concern to the on call consultant or senior management team.

This tool will provide a more systematic robust framework for all staff to ensure that effective communication of information is being discussed and a clear management plan is agreed and put in place for the woman. This form when completed will be filed in the women's notes as a record of the discussion and the management plan. The SBAR Performa will be audited and presented at the GAIN rolling audit.

SBAR sticker received governance approval in June 2024 and other disciplines within the WHSCT are keen to share in their own clinical areas.

Management and prevention of anaemia in pregnancy

Trust-wide implementation of a regional Iron Deficiency Anaemia (IDA) Risk Assessment at the booking and 28 week antenatal visit commenced on 15th April 2024. Regional patient information leaflets are also available to educate women on managing anaemia in pregnancy. This initiative will identify women with IDA and/or at risk of IDA and prompt timely 1st line treatment of appropriate oral iron regimes. It will also identify those who need referral for 2nd line treatment, IV iron. Overall aim is to improve the management and treatment of IDA in pregnancy, which will reduce the intrapartum risks associated with low haemoglobin levels and maternal blood loss at delivery.

Multi-Disciplinary Team involvement at local and regional level included Obstetricians, Midwives, Pharmacists and GPs. GP Communication letters & GP recommendation letters to prescribe oral iron are in circulation to assist with implementation.

WHSCT guidelines on IDA management, revised IV iron regimes have received governance approval and re-audit has commenced on women receiving IV iron.

An audit of outcomes relating to the IDA risk assessment is required and a proposed draft regional IDA audit tool was shared with the maternity collaborative. This draft audit tool was devised by the WHSCT maternity team.

Post-Partum Haemorrhage (PPH) Risk Score

South West Acute Hospital (SWAH) Maternity team developed a PPH risk score proforma following an increase in PPHs. This was adapted from Fyfe Hospital and incorporated into an improvement project. The risk score highlights women with known risk factors for post-partum haemorrhage and recommends proactive treatment to reduce this risk. By implementing this, the SWAH maternity team have seen a reduction in the percentage of major post-partum haemorrhages. Alongside the risk assessment proforma, an estimated blood loss workshop, PPH emergency drills and audits were undertaken to raise awareness and educate staff in preventing and managing PPHs.

The first trimester dating scan

A standards compliance audit was undertaken in SWAH clinic department prior to implementing regional HSC Protocol requirements for first trimester dating ultrasound scanning. Results demonstrated variances in images and documentation. Therefore a crown rump length score criteria was implemented and incorporated into the trust wide dating scan proforma to improve dating scan imaging and minimal reporting criteria.

Prevention of pressure ulcer in maternity inpatients

Trust-wide implementation of the Purpose T risk assessment/SSKIN bundle in maternity in November 2023. There was a direct action in response to an increase in pressure ulcers in maternity patients both regional and locally. All midwives received training through workshops in clinical areas. React to red folders were disseminated to all clinical areas with guidance on prevention and management of pressure ulcers/early-warning signs.

Regional working group formed to revise the current SSKIN bundle for maternity patients. Patient and staff information leaflets were also devised. All documents have received Public Health Agency (PHA) approval and will be implemented when available from the PHA.

WHSCT midwifery team worked closely with the Clinical Education Centre to collate a training package which is now available to all trusts in the region.

Early detection and reporting of cleft lip and palate (regional initiative)

Delayed Detection of Cleft Palate affects newborn infants' well-being and safety. Delayed Detection inhibits early assessment by specialist multidisciplinary teams and can cause undue harm and undue stress for both infant and Parent/Carer. Delayed detection of Cleft Palate can lead to feeding issues, risk of aspiration, faltering growth and poor infant well-being.

To align with regional recommendations in clinical practice, the WHSCT maternity department have completed a baseline audit of current practice and implemented interventions that improve timely detection rates within our departments.

These interventions included a regional meeting with regional cleft lip & palate nurse, agreement on training content for staff, which includes documentation of assessment and findings when assessing the mouth and plate. Allocation of clinical champions for cascade training.

Regional and local re-audit to ensure compliance with training and standards.

UNICEF Baby Friendly Gold Award

The WHSCT maternity and health visiting services received UNICEF Baby Friendly Initiative (BFI) Gold Accreditation at the end of March 2024.

First accredited as baby Friendly in 2000, this was the culmination of a significant amount of time and effort in working towards implementing the Achieving Sustainability Standards of Leadership, Culture, Monitoring and Progression.

A leadership team has been developed to promote the BFI standards including a baby friendly guardian. An organisational culture is in place with support for ongoing staff learning as well as robust monitoring processes to support and protect the BFI standards.

The organisation demonstrates that it continues to develop the service in order to sustain the BFI standards. Gold Services will be re-validated via the annual submission of a portfolio and three yearly revalidation meetings.

A celebration event took place on 7th May 2024 hosted by the Mayor of Derry and Strabane district Council at the Guildhall, Derry/Londonderry.

Newborn Hearing Screening

- Seven day in-hospital screening service in SWAH (now Trust wide) aiding in achieving national standards (completing screening by 44 weeks GA - well babies only) and improving programme performance and service user satisfaction.
- New dedicated Newborn Hearing Screening uniforms to improve identification of screening staff on postnatal wards and improve Newborn Hearing Screening Programme (NBHSP) staff morale.
- Revamped the current Newborn Hearing Screening leaflets 1, 2 and 3 to make them more user friendly and promote informed consent.
- Development and introduction of 'Easy Read' Newborn Hearing Screening Programme information leaflets for parents with reading difficulties and/or learning disabilities to improve inclusion, access to programme information and ensure informed consent.
- Developed Barcode production on the Smart4Hearing system so as to improve uptake of barcode scanning regionally and promote the 'Scan4Safety' initiative.
- Developed NBHSP Patient Satisfaction survey to improve Personal and Public Involvement (PPI), gain feedback and highlight areas for further improvement, alongside boost staff morale.
- Reconfigured staff numbers in SWAH from two 0.5 Whole Time Equivalent (WTE) staff members (1WTE) to three 0.33WTE staff members (1WTE) to improve programme resilience in SWAH and better utilise staffing resources to deliver a 7 day service with minimal additional investment.
- Currently in the process of going paperless/light to improve cost effectiveness of the screening programme, improve data quality, improve auditing processes and prepare staff for rollout of Encompass. Developed a step-by-step visual guide to promote and improve standardisation of paperless process
- NBHSP Quality Assurance group has been set up with maternity leads, Neo-Natal Unit leads, PHA and screening staff to ensure standards are met, enhance safety and ensure programme quality.

PAEDIATRIC QUALITY IMPROVEMENT

Introduction of Makaton in the Paediatric Department

Following feedback from a service user and the inability of staff to communicate effectively with children with speech and language difficulties, we recognised the need to introduce Makaton within the Paediatric Department.

A questionnaire was circulated to staff and as a result lanyards with Makaton flashcards were introduced. These included 14 different signs that we thought may be useful for day to day use with patients who communicate differently.



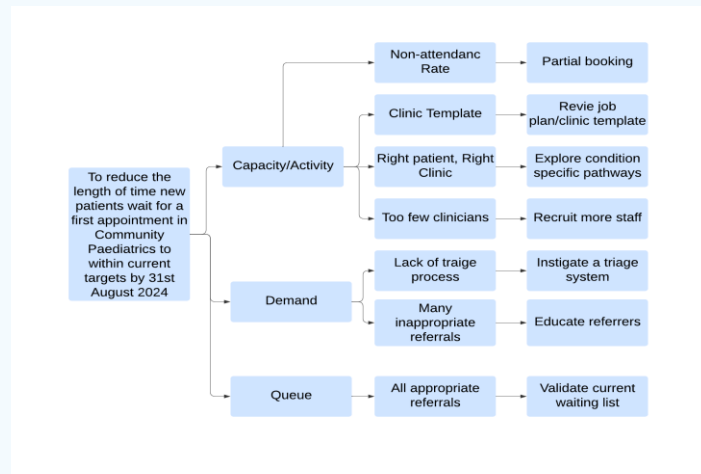
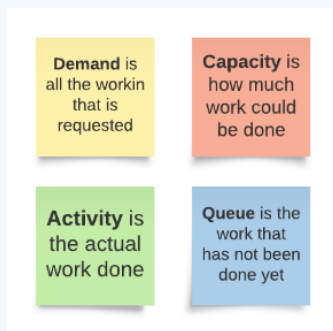
A feedback questionnaire was circulated following the introduction of Makaton flashcards and this highlighted that staff would like more resources within the department. The following resources have been suggested going forward - face to face/online training sessions, Makaton Folder on the ward, Posters/Sign of the week and Makaton app.

Community Paediatric Quality Improvement

Community Paediatricians are specialist children's doctors with training and expertise in developmental, social and educational paediatrics as well as disability. It has been well documented that the length of new outpatient waiting lists in healthcare are increasing across the United Kingdom. The Community Paediatric department in the Western Health and Social Care Trust is no exception. At the end of October 2022, there were 132 children on the Community Paediatric waiting list for first appointment with a Paediatrician in Omagh. Of these, 81% (107) were breaching the Northern Ireland Department of Health's (DoH) 9 week waiting list target. Prolonged waiting times for assessment, delay diagnosis and access to early interventional services.

Aim To reduce the length of time from referral to time of first appointment with the Community Paediatric Service in Omagh by the 31st August 2024.

Methods Understanding the basis of Demand, Capacity, Activity, Queue (DCAQ) was fundamental to this project.



Change Ideas

Reduced demand

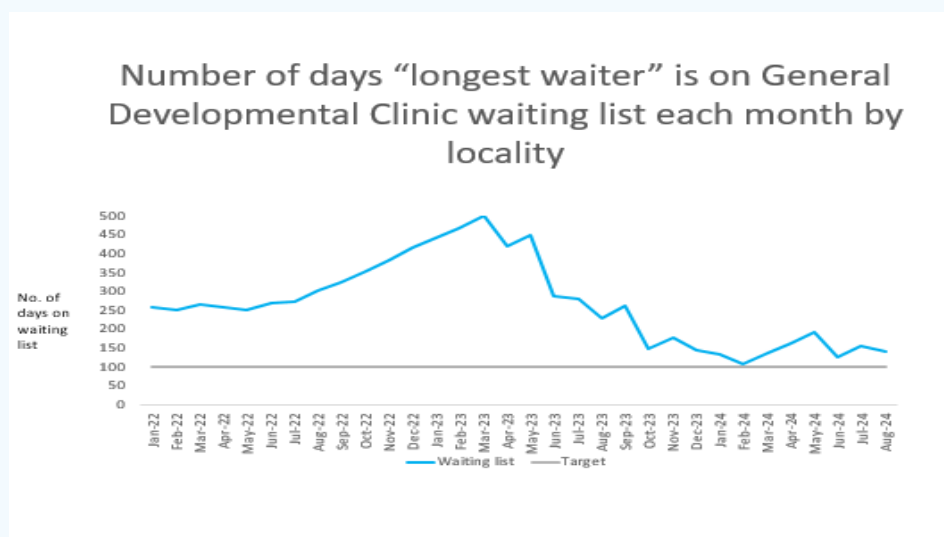
Designed referral criteria, instigated triage process and held key stakeholder educational event which reduced the number of referrals added to waiting list.

Reduced Queue

Validated the waiting list which redirected 28% (38) of children from the Community Paediatric waiting list to more appropriate services.

Increased capacity/activity

Harmonised clinic templates, recruited more medical staff and increased clinical sessions for current Consultant which increased the number of new patient appointments available.



Conclusions

The length of the new patient Community Paediatric waiting list was reduced by 72% but remains almost 10 weeks more than the regional target.

A whole system approach was needed to improve the length of the new patient waiting list including increasing staff capacity, improving the triage process and reviewing the current waiting list. Further work should examine methods to improve the Did Not Attend (DNA) rate.

FALLS

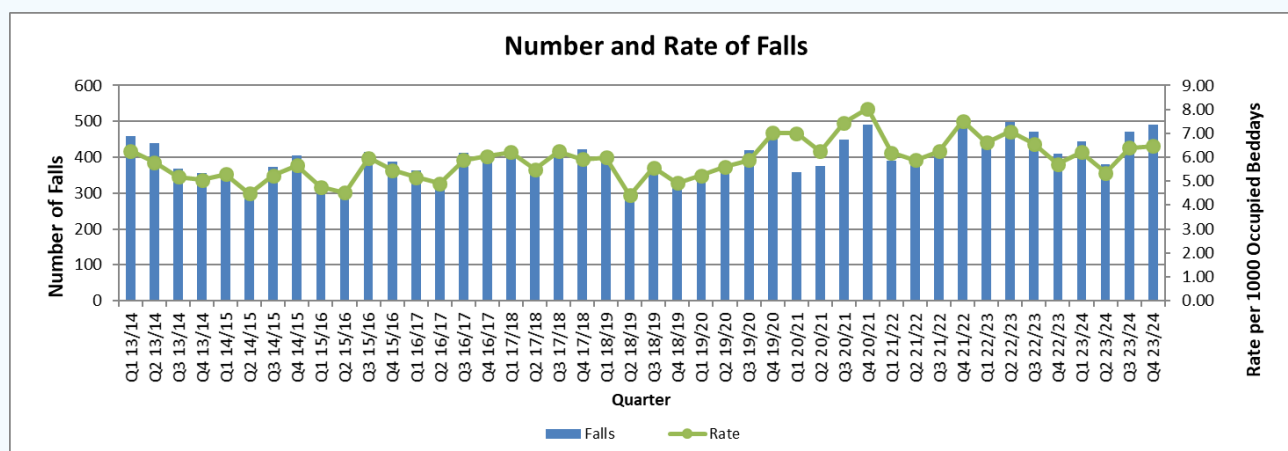
Facts & Figures

In 2023/24, the Trust recorded 1783 falls of adult patients in hospital, a decrease of 51 on the previous year.

Of the falls recorded, 22 led to a moderate and above injury (i.e. an injury that lasted more than one month such as a fracture and/or led to an extended hospital stay over 4 days or required surgery). These falls accounted for 1.2% of the total recorded.

Table 1 below illustrates the total number of inpatient falls, compliance with The Royal College of Physicians Falls Bundle, the rate of in-patient falls, and those that resulted in above moderate harm to the patient for 2023 – 2024 per 1000 bed days.

Year	Period	No. of Falls	ADULT INPATIENT ONLY	PART A ADULT INPATIENT ONLY			PART B ADULT INPATIENT ONLY			ADULT INPATIENT ONLY			Beddays	Rate per 1,000 beddays for No. of Falls	Rate per 1,000 beddays for No. of Falls resulting in harm (Moderate Major or Catastrophic)
			Moderate to Major/ Catastrophic Falls	No records audited achieving 95% compliance with bundle PART A	No. Records Audited PART A	Process Outcome PART A %	No records audited achieving 95% compliance with bundle PART B	No. Records Audited PART B	Process Outcome PART B %	No. Adult Inpatient Wards Spread	Total Number Adult Inpatient Wards	% Spread			
2023/24	YTD totals	1,783	22	4,401	4,629	95%	4,335	4,629	94%	38	38	100.0 %	291,829	6.11	0.08



Falls continue to remain the most frequently reported incidents within the Trust.

In 2023/24, the number of falls reported from hospital inpatient settings including maternity and Emergency Departments was 1783, a decrease of 51 when compared with the number of falls reported the previous year.

There was a significant decrease in the number of fall incidents resulting in moderate or above levels of harm within inpatient settings when compared with the previous year with 22 fall incidents resulting in moderate / above levels of patient harm compared with 42 reported incidents in 2022/23.

Falls can have a very serious negative effect on a person's quality of life, causing fear, distress, injury, decreased mobility and social isolation.

The causes for falls are usually complex and multifactorial. Contributing factors include how people interact with their environment, side effects of medications, visual impairment, underlying medical conditions, frailty, confusion because of delirium or dementia, infection and reduced levels of mobility in addition to human error.

There are increasing numbers of older people living with frailty in the community. Many present to Trust Emergency Departments (ED) following a fall with a number of these being admitted to hospital. Patient deconditioning increases risk of falling and occurs in acute hospital environments and ED when there are delays in transfer of care or discharge.

During 2023/24, there was ongoing work within the Trust to stabilise the workforce and reduce reliance on bank and agency staff. This may have helped reduce the incidence of falls occurring within inpatient settings, as staff are more familiar with the patients in their care as well as the environment in which they are working.

The outcome of a patient or service user sustaining a fall can be catastrophic, therefore the Trust actively supports and aims to facilitate staff and members of the community to enhance their skills and knowledge to reduce falls.

Actions taken to reduce the incidence of falls in 2023/24

In 2023/24, quarterly engagement meetings with the Regional Inpatient Falls Prevention Group led by the PHA have continued.

The regional group sets direction and informs strategy on falls prevention for adult inpatient wards. It provides advice, support and shares regional learning as well as leading on the development of regional tools / pathways regarding falls prevention and management across Northern Ireland.

The Trust Slips, Trips and Falls Prevention Group continues to meet on a quarterly basis following the Regional meeting to identify and oversee key priorities to reduce both the numbers of falls and the harm from falls. The group works with the Regional Falls Prevention Group to implement regional learning and initiatives relevant to Western Trust.

Within the Slips, Trips and Falls Group, four sub groups were established to look at:

- Education and Learning
- Reduction of falls that result in moderate and above harm
- Assessment and Documentation of those at risk of falls
- Environment and Equipment issues.

These themes are currently being used to develop a Trust Falls Strategy.

Training

The Falls Integrated Pathway Co-ordinator has continued to deliver face-to-face training to a number of staff groups in 2023/24, this included 300 undergraduate allied health professional students in University of Ulster as part of their learning on Collective Leadership. Healthcare Assistants attended training on preventing falls in hospital in July 2023 and Nurse Induction training for Band 5 staff in November 2023 focused on completing the falls risk assessment. The Falls Integrated Pathway Co-ordinator also facilitated placements for paramedic students sharing knowledge, experience, information and resources.

In 2023/24, the Falls Integrated Pathway SharePoint site went live and, staff working in Hospital, Community, Care Homes and Emergency Departments can access information, training and resources to support safer mobility.

Regionally agreed eLearning in relation to falls continues to be available to staff via the HSC Learn Platform with additional regionally agreed modules for clinical, community and care home settings added in 2023/24. Falls Co-ordinators have worked collaboratively to produce regional guidance on the grading of fall incidents. The guidance has been integrated into the Trust Datix system and shared across different forums including Slips, Trips and Falls, Professional Nursing and Allied Health Professionals (AHPs).

The Moving and Handling Team have continued to support with the training of cascade trainers in the use of the Flo-jac equipment to move patients safely from the ground post fall. Training on the use of lifting equipment to assist patients following a fall in hospital and community settings is now included in training for Trust staff who attend moving and handling updates. Video resources to support staff education on the use of same is also available on the moving and handling and falls integrated pathway SharePoint sites .

The Care Home Support Team changed from online delivery of falls training for staff in care homes to face-to-face delivery in 2023/24. 182 staff in care homes benefited from face-to-face Falls Awareness and Prevention Training from the Care Home Support Team in 2023/24.

Quality & Safety

Inpatient falls incidents graded as moderate or above harm continue to be subject to a post fall review. Ward Sisters / Charge Nurses undertake the post fall review in the main, with input from multidisciplinary staff as appropriate. The lead nurse or service manager for the area oversees the process ensuring that where there are areas of learning, that this is shared and acted upon appropriately. The falls integrated pathway co-ordinator continued to support staff with the identification of shared learning from fall incidents in 2023/24 through the provision of feedback on post fall reviews and attending meetings in relation to SAls upon request.

Shared learning from fall incidents resulting in moderate and above levels of harm within the Trust is shared and disseminated through the 'Slips, Trips and Falls,' sub-group and Professional Nursing Forums.

Shared learning templates from falls sent to the Public Health Agency undergo a thematic analysis to inform the content of a Regional Falls Newsletter.

All adult ward settings implement the Fallsafe Bundle. Monthly audits measure compliance as part of nursing KPIs. The overall fall safe compliance for 2023/24 was 95% for Bundle A and 94% for Bundle B.

If the Fall Safe Bundle audit results identifies an aspect(s) of care that was not delivered to the required standard, the Clinical Area submit an Exception Report on the Professional Nursing SharePoint site detailing the reason(s) for the deviation and actions taken to address the deviation. These are then discussed through the Nursing Accountability and Assurance process and a review of the Exception Reports submitted for the period 1st April 2023 until 31st March 2024 continues to demonstrate two common reasons for deviation:-

1. Recording of Urinalysis (or documenting reason if unable to obtain urinalysis)
2. Recording of Lying and Standing Blood Pressure (or documenting reason if unable to obtain urinalysis)

Themes emerging from fall incident reports informed several safety lessons of the Week shared on the staff website in 2023/24.

Encompass

Population Health

In 2023/24, the Trust delivered 2 Falls Events in Strabane and Derry during Falls Awareness Week in September. The Event organised in Foyle Arena had over 150 people attend.

Providers of services from different statutory, community and voluntary organisations met to learn about each other's service in addition to building networks and relationships to support people at risk of falls. Service providers shared knowledge and information on their services and strategies to reduce risks of falling and the importance of making falls prevention everyone's business. The information talks were an improvement on the event from the previous year. Greater numbers of people including different service providers were able to access information on services available together with referral pathways.

Prescribed medications and /or underlying health conditions may be contributing factors to postural hypotension. Identifying postural hypotension provided an opportunity to review medications ensuring that the person's medicines are optimised and risk of harm reduced.

Some people accessed physiotherapy staff for mobility aid checks, assessment of strength, balance and mobility with onward referrals made to physiotherapy services, the Stepping On Strength and balance programme and for home safety checks.

Some were signposted to other support services that were in attendance including GABLE, Social Workers in the Primary Care Multi-disciplinary Teams, Pendant Alarm providers, Council Officers, Stepping On Programme, Healthy Living Centres, Good morning services, Benefits Advisory Services, Compassionate Communities, Carer support Services etc.

The Falls Integrated Pathway Co-ordinator linked with the Clinical Optometric Adviser at the Department of Health and Falls Resources on the services available to support people at risk of falls across the region, this is now available on the Optometry SharePoint site.

Collaborative work and attending events to share falls messages from different service providers has taken place throughout the year to signpost patients and carers to services that can provide support to help address patient need. This assists members of the population access information and support when resources to deliver falls services are limited.

In addition a number of information talks were delivered to Community Groups throughout the year. During Positive Ageing month the Falls Integrated Pathway Co-ordinator shared falls information and resources with Community Providers in Omagh, Castlederg, Carrickmore, Garrison and Derry. The Community Policing Service in Fermanagh and Omagh have uploaded resources shared onto the Community Policing SharePoint site. This ensures that police officers within Fermanagh and Omagh have access to information and

resources to support people at risk of falls that they encounter through their community policing visits.

The Health Improvement Team continue to disseminate resources developed by the Western Falls Prevention Group to a range of organisations and stakeholders across the Western Trust area. The aim is to improve access to falls resources and services and raise awareness of falls in community settings. Stakeholders include Hospital, Community, GP, Social Care, Cancer Services, District Councils, Healthy Living Centres, Care of the Elderly Services, South West Aging Partnership and U3A. The Health Improvement Team have shared falls information at a number of Health Fairs and older people events throughout the year.

Care Opinion Feedback

In 2023/24 there were 17 stories told in relation to a fall on Care Opinion which gave positive feedback on the patient experience.

Falls Awareness Survey

In 2023/24, the Falls Awareness Survey moved from the Survey Monkey Platform to the Microsoft Forms platform. A QR code or a web link enables service users to access the survey. The survey is designed to support members of the public identify risk factors for falls in addition to signposting / prompting people to identify actions that they can take to support self-management of their risk factors for a fall. In 2023/24, 26 people completed the survey with 10 people requesting a follow up response to the survey. This is a reduction in the number received in the previous 2 years. Current staffing resources within the Falls Integrated Pathway are finding it challenging to provide timely responses to completed surveys within existing resources, which is impacting on promoting its use at this time.

Based on the number of surveys completed over the year in comparison to the numbers completed during falls awareness week when people were supported to complete the survey, it may be that more people prefer to receive information in a different format than online surveys. This may be something to explore further in focus groups with service users at risk of falls going forward.

Referrals to Older Person Assessment and Liaison Service (OPALS)

In 2023/24 there were 368 referrals to OPALS following a fall. Northern Ireland Ambulance Service made the majority of these referrals. During 2023/24 there was organisational change within this service with resources realigned to Hospital at Home services. Where there was capacity the Hospital at Home Service have supported NIAS to review patients who may be at risk of complications following a fall and a long lie.

Stepping on – Strength and Balance Programme.

In 2023/24 the Healthy Living Centres delivered 12 Strength and Balance Programmes to people living in the Western Trust Area. 367 people were referred to the Stepping-On Programme and 230 people attended for pre assessment. At this point 4 people were identified as being unsuitable to attend the programme and 171 people attended the post assessment for the 9-week Stepping On programme.

The main sources of referral to the Stepping On Programme were Physiotherapy Services, GP's and the Multi-disciplinary Team within GP Practice. From the Stepping On Programme 108 people received a home safety visit from the council.

The Home Safety Service experienced staffing and funding challenges this year; this affected the numbers of home safety visits provided. The Home Safety Officers made onward referrals to the Northern Ireland Fire Service, Community Policing, and Allied Health Services from the Home Safety Check as well as signposting to other support services. Following the outcome of assessment information leaflets, Care Falls Packs, touch lamps, non-slip jar/ bottle openers and Carbon Monoxide Alarms were provided.

The Healthy Living Centres delivered 10 follow on Otago Strength and Balance programmes after the 9-week programme, with 136 people participating in the programme. Trust staff do not have any input into the follow on Otago Strength and Balance Programmes delivered by the Healthy Living Centres.

Trust staff support delivery of the Stepping On Programme providing a number of information talks on key topics i.e. falls prevention, home safety, looking after your feet and medications. Physiotherapy staff supported the screening of patient suitability for the programme as well as using outcome measures to evaluate the effectiveness of the programme on week 1 and week 9. 150 of the 216 people invited onto the Stepping On Programme attended for pre and post-assessment evaluations -41% of participants improved and 31% did not complete the programme.

From attending the Stepping On Programme, onward referrals were made for 85 people to other services such as home safety checks, chronic pain programme and to their GP for Blood Pressure checks.

An evaluation of the Stepping On Programme received 122 responses. The majority of respondents rated the delivery of the 9 week programme as excellent and reported that they had made changes to their environment and behaviours to reduce their risk of falling after attending the programme.

Seventy-two percent of participants reported that they had put a post-fall action plan in place to avoid a long lie since completing the Stepping On programme.

81% of the 122 respondents reported to have fallen prior to attending the Stepping On programme and at the 6 month follow up, 76% reported no falls since completing the programme. Seventy-four per cent of 122 respondents attributed their improvement to completing the Stepping On Programme and 89% of 122 respondents are continuing to do the Otago Exercises at home. 116 respondents advise they are 95% more confident since completing the programme with 89% believed that they could now get themselves up from the floor if they fell.

70 of the 122 respondents are attending other programmes such as the follow on Otago programme, walking groups and Tai Chi classes.

In 2023/24, the Public Health Agency provided additional funding to support the training of additional Otago Exercise Instructors. Nine people completed training to deliver the Otago Exercise Programme and eight completed the half-day refresher training. There are now 17 active Otago Instructors to support the delivery of Falls Prevention Strength and Balance Programmes.

2023/24 has also seen the addition of two new delivery Partners, Roe Valley Residents Association and Omagh Rural Forum in addition to the existing five delivery partners. The

Public Health Agency provided funding to deliver a workshop for partners to review existing programme delivery as well as increasing awareness of what the programme delivered to referring agencies. 50 people from a range of service areas across the Trust attended the workshop. Feedback from all in attendance was very positive.

Emergency Department Attendances

Despite the collaborative work carried out across the Trust the numbers of people over 65 years of age presenting to ED following a fall is increasing.

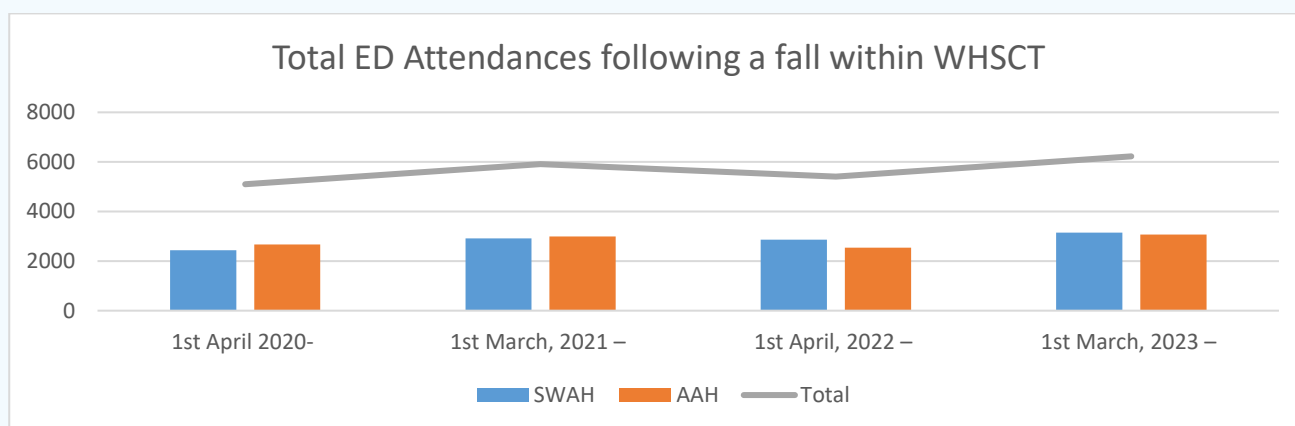
The reasons for this are multi-factorial. Population demographics are changing, there are increasing numbers of older people living with frailty in community and care home settings.

Within care homes there are challenges in relation to staffing resources available to meet the needs of residents living with frailty and the risk of falls. Where a patient is on anti-coagulants, GPs are frequently advising onward transportation to hospital for investigations if the fall is unwitnessed and a head injury cannot be ruled out.

In 2023/24, the Care Home Support Team have worked with three care homes to reduce the incidence of falls occurring in these settings and staff in care homes reported benefits of improvement work in terms of increased awareness of falls prevention including the Regional Falls Bundle for care homes.

NIAS no longer has a referral pathway to OPALS for older people who could benefit from Comprehensive Geriatric Assessment by a multi-disciplinary team. Not all care homes have implemented the regionally agreed Falls Bundle for Care Homes at this time.

Patients over 65 years of age discharged home from ED following a fall who did not receive a multi-disciplinary assessment at time of ED attendance are identified as people who may benefit from follow up at a falls prevention service. Currently resources to provide a follow up service are not available.



Regional Work Complete

The Falls Integrated Pathway Co-ordinator works collaboratively with Falls leads in other Trusts and the Public Health Agency to produce the following:-

- Regionally Agreed Patient Information Leaflet on Preventing Falls in Hospital.
- 'Don't Fall – Press the Button' poster as a visual reminder for patients to use the call bell to request Assistance.

- Falls e-learning to support staff working in Clinical, Community and Care Home Settings. Available through the HSC learning platform.
- Guidance on the severity grading of Fall Incidents to support staff with the grading of fall incidents.

Encompass went live in the Belfast and South Eastern Trusts in 2023/24. The work to produce a regionally agreed falls risk assessment is within the Encompass build and shared learning in relation to documentation and the need for staff training will be used to inform planning in relation to falls for go live in the Western Trust.

Next Steps:

- Continue to support the Regional Inpatient Falls Group with the development of Regional Resources e.g. patient information on Bedrails, Minimum Dataset to support the investigation of fall incidents; Regional bedrails; Regional training on the safe use of bedrails;
- Encompass – support staff with Falls Risk Assessment and associated documentation during Encompass go live.
- Regional Inpatient Falls Group to review and agree the minimum dataset for investigation of falls incidents resulting in moderate or above levels of harm.
- Regional work to support the integration of the post fall medical assessment into Encompass.
- The Regional Nursing & Midwifery Quality and Assurance Network are reviewing and refreshing the Nursing Key Performance Indicators. This includes the Fall Safe Bundle Audit Tool and reviewing the evidence to support inclusion / exclusion of elements of the audit tool.
- Map existing services to support delivery of Falls Services in line with NICE Guidelines.
- Review existing information / data collated in relation to falls as part of falls strategy.
- Review business case proposals to support the delivery of Falls Services.
- Promote measurement of lying and standing blood pressure on admission or record if unable to complete standing blood pressure if the patient is non-weight bearing.
- Working collaboratively with the Primary Care Multi-disciplinary teams, statutory, community and voluntary sectors, deliver falls messages and screening for risk of falls at a health and well-being event for older people during Falls Awareness Week 2024.
- Continue to deliver training for staff on falls prevention in hospital and community settings
- Recruit volunteers for Falls Prevention to support the Trust with sharing falls prevention messages including supporting members of the public with the completion of the falls awareness survey which can be used to support self-management.
- Continue to support the Stepping On Programme with the pre and post evaluation of the Strength and Balance programme in addition to supporting with the delivery of educational talks or materials regarding looking after your eyes, looking after your feet, Nutrition and Bone health within the programme.
- Promote the on line falls training delivered on the HSC learning platform to staff.
- Continue to support new handlers with the post fall review and investigation of fall incidents resulting in moderate harm for shared learning.
- Develop a Trust Falls Strategy to set direction for Falls Services.

- The Health Improvement Team will deliver 10 awareness sessions on falls in community settings.
- Review and update current falls booklet resources with service user involvement.
- Working across different staff groups, continue to increase public awareness regarding self-management of steps people can take to reduce their risk of falls.
- The Care Home Support Team is working with another three care homes to reduce incidence of falls as part of the Quality Improvement Project in 2024/25.
- The Care Home Support Team will continue to deliver face-to-face falls prevention training for staff in Care Homes.
- The Care Home Support team will continue to work collaboratively with Trust residential homes, independent sector care homes, GPs and the Public Health Agency to review and amend the regionally agreed Falls Bundle for Care Homes as part of the Enhanced Clinical Care Framework work piece.

Impact of COVID-19 on Falls Prevention Services

At the start of the COVID-19 pandemic, the OPALS team who provided a follow up service to patients referred by Northern Ireland Ambulance Service (NIAS) following a fall were redeployed to support patient flow within the hospital.

Since the pandemic, the OPALS clinic did not reset to follow up on patients referred to this service. There were workforce challenges in terms of staff recruitment and staff absence, which affected the ability to deliver the multi-disciplinary clinics previously provided.

The NIAS referral pathway for falls is currently under consultation and review. The Trust does not currently have a fully funded or resourced multi-disciplinary falls service for people over 65 years of age who could benefit from comprehensive assessment in relation to their risk of falls. As a result, the numbers presenting to ED following a fall are increasing.

Prior to the COVID-19 pandemic many patients referred to the clinic by NIAS declined an appointment for various reasons mainly because they were living with very high levels of frailty and did not feel able to attend a clinic appointment. The impacts of COVID continue across all age groups with increased levels of loneliness, social isolation and decreased levels of physical activity across many age groups especially older people who have become less confident and more fearful leaving their home. Many people did not access healthcare professionals during the pandemic.

Outpatient waiting lists continued to increase. Many patients referred to OPALS were having recurrent falls as was evidenced by the multiple referrals from Northern Ireland Ambulance Service (NIAS) for the same person. Some patients admitted to hospital were on outpatient waiting lists awaiting follow-up and some may have died whilst on waiting lists.

Waiting times for allied health services such as physiotherapy and occupational therapy that could support with falls prevention are increasing due to demand, capacity and workforce challenges. Opportunities for preventative interventions are not happening in a timely manner. There has been a lack of investment in preventative services in relation to falls.

COVID-19 caused many challenges that are now resulting in increasing numbers of people presenting at services with a history of falls. Many people attending emergency departments are attending when they are very ill, frail or in a crisis state as a result of not accessing services in a timely manner.

During the pandemic, many older people were less active, socially isolated and lonely. Waiting times for appointments at specialist outpatient clinics continued to increase. GP services are under pressure and many service users continue to experience difficulty accessing GP appointments. Waiting times for access to exercise classes delivered by the Healthy Living Centres continue to increase due to demand.

Overall, falls continue to be the main reason on Datix incidents. With a more frail and elderly population the risk of falls remain high for many of these patients. Resources in the hospital and community remain finite, with increasing demand for services, which has resulted in longer waiting lists and times, and increased pressure on staff as caseloads increase. Investment is required to keep abreast of the ever increasing demand for care and services resulting from a fall.

PRESSURE ULCERS

Facts & Figures

In 2023/24, the Trust recorded 321 pressure ulcers compared to 341 for the previous year across the acute hospital adult sites, a decrease of 5.9% with 28 deemed avoidable from the 73 Stage 3 & 4 pressure ulcers investigated.

Reducing the Number of Pressure Ulcers

Pressure Ulcers are recognised as an international patient safety problem, they increase morbidity and mortality. Pressure Ulcers adversely affect patients' quality of life; many experience increased pain, social isolation, and increased risk of infection including sepsis and in some cases death. The treatment of Pressure Ulcers incurs significant cost to the health service as a result of use of wound care products, hospital admissions, antibiotic treatment, surgery, staff resources and litigation. Preventing pressure damage is therefore more cost effective than treating these wounds when they develop. Risk assessment and subsequent skin management and provision of appropriate pressure redistributing devices is instrumental in preventing pressure damage. It is however widely recognised that despite these interventions many Pressure Ulcers that occur in our care are avoidable. This is a key performance indicator (reported to the PHA) used to monitor the care given to patients within each Trust.

A pressure Ulcer is defined as a localised injury to the skin or underlying tissue, usually over a bony prominence, as a result of pressure, or pressure in combination with shear (EUPAP, 2019). Pressure Ulcers are in most instances preventable if appropriate measures are implemented. Prevention involves ongoing risk assessment of all patients, implementation of prevention strategies

through the use of the Regional SSKIN Bundle. This bundle covers skin inspection, pressure redistributing surfaces, repositioning schedule, continence management and nutritional needs. It provides an analysis of the causal factors in the event of pressure ulcer development and directs on the selection of appropriate pressure redistributing devices.

A red rounded rectangular box containing a vertical list of seven items, each preceded by a white letter in a red circle. The items are: Assessment of risk, Skin inspection and care, Support surface selection and use, Keep your patient moving, Incontinence and moisture care, Nutrition and hydration management, and Giving information.

A ssessment of risk
S kin inspection and care
S upport surface selection and use
K eep your patient moving
I ncontinence and moisture care
N utrition and hydration management
G iving information

Guest et al (2020) identified that on average a Pressure Ulcer cost the NHS £5,972.28 per patient per year in 2017/18. He further estimated that wound care cost increases on average 8-9% per year. Based on 8% rise annually a pressure ulcer will cost £9,477.26 per patient per year in 2023/24. This equates to a cost of £3,042,200.46 in WHSCT based on the total number of pressure ulcers (321) in 2023/24. Those complex pressure ulcers will cost significantly more therefore this figure is a conservative one.

The 2019/20 Commissioning Plan pressure ulcer related associated quality and performance indicator reads as:

“The number of incidents of hospital-acquired pressure ulcers (stage 3 & 4) in all adult inpatient wards, within the acute programme of care and the number of those that were unavoidable. Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days.”

Figure 1 below illustrates the Trusts position on Pressure Ulcer development across the acute sectors since 2013 when data collection commenced.

Pressure ulcer rates per 1000 bed days Year	Rate per 1000 bed days	Hospital acquired pressure ulcers	Percentage Increase / decrease	Hospital acquired Stage 3 and 4 pressure ulcers	Hospital acquired Stage 3 and 4 avoidable
2013-14	0.6	182	baseline	N/A	N/A
2014-15	0.6	157	-13.7	N/A	N/A
2015-16	0.8	209	+33.1	18	4
2016-17	0.9	246	+17.7	38	6
2017-18	1.2	344	+39.8	43	14
2018-19	1.4	373	+8.4	17	9
2019-20	2.2	462	+23.9	28	12
2020-21	1.7	386	-16.5	110	43
2021-22	1.1	277	-28.2	76	36
2022-23	1.2	341	+23.1	108	37
2023-24	1.1	321	-5.9	73	28

INCREASE OF 76% HOSPITAL ACQUIRED PRESSURE ULCERS OVERALL FROM 2013 - 2024

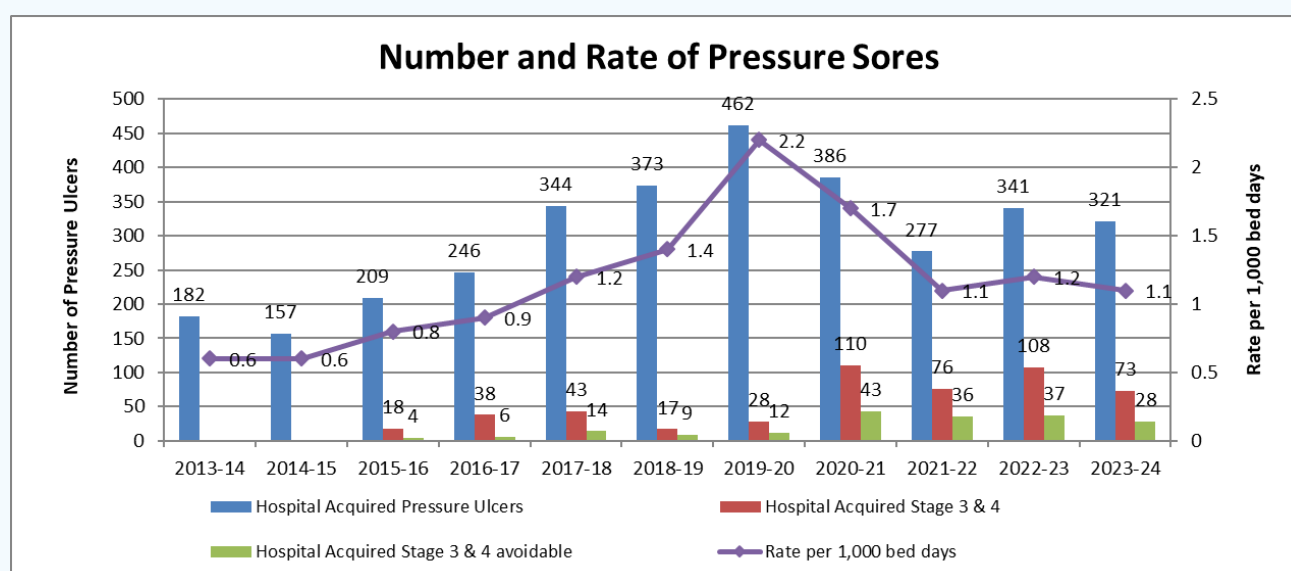
Guest et al (2020) reports on average an annual increase of 32% in Pressure Ulcer development. Hospital acquired Pressure Ulcer data (reported above) for 2023/24 showed a decrease of 5.9% from the previous year. Overall there were 73 stage 3 & 4 PU's of which 28 (38%) were avoidable. This equates to a 32.4% decrease in stage 3 and above PU and a 24.3% decrease in avoidable stage 3 and above PU. Although this is a decrease on last year's figures, we did note a significant rise in the last reported quarter for 2024. Contributory factors to this development of PU include an increased aging population, frailty and multiple co-morbidities. The Tissue Viability Team have also noted that patients are presenting with more advanced disease and as a result need more complex interventions, this is a direct result of the COVID 19 Pandemic when many aspects of our health service were put on hold. It has also been noted regionally that the emergency departments are challenged with

a higher acuity of patients resulting in increased waiting times, often on inappropriate surfaces such as hard waiting room chairs. The ongoing staffing crisis has necessitated a heavy reliance on bank and agency staff who are often in a department they are not familiar with this has impacted on the care delivery around skin management.

Figure 2: Skin Bundle Compliance:

2023/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: 92%	90%	93%	93%	91%
Overall PU Rate: 1.1 per 1000 bed days	1.09	1.03	1.02	1.25

Figure 3: Reports the number and rate of pressure injury development from 2013/14 - 2023/24



Outlined below are the numerous interventions the Tissue Viability Team have implemented or continued which has contributed to this situation with regard to avoidable Pressure Ulcer development.

The management of Pressure Ulcers forms a significant element of the role of the Tissue Viability Team.

The Tissue Viability Team support Trust staff in a variety of different ways to prevent, care for and manage Pressure damage, these including:

- Education of healthcare key stakeholders in the prevention, identification and management of Pressure Ulcers as appropriate.
- Provision of advice and guidance to healthcare key stakeholders on the management of individual Pressure Ulcers.
- Investigation of the provision of care prior to the development of stage 3, 4, deep tissue injuries and unstageable Pressure Ulcers, categorising as avoidable or unavoidable Pressure Ulceration.

- Collation of Pressure Ulcer data for reporting to the PHA.
- Two team members sit on the Northern Ireland regional Pressure Ulcer Group hosted by the PHA. Input to this group has been significantly increased over the last year in preparation for the launch of the new regional Pressure Ulcer SSKIN Bundle and Purpose T Risk Assessment Tool.

Actions taken during 2023/24 to reduce Pressure Ulcer development

- Tissue Viability Service hosted our quarterly Tissue Viability Link Nurse meetings, attended by 80-100 nurses across all sector of the Trust and Private Nursing Homes. Pressure Ulcers are a standing item on the agenda at each meeting with time dedicated to discuss current issues around trends and management of Pressure Ulcers across the WHSCT.
- The Annual STOP Pressure Ulcer Day was held in November 2023 and included a range of topics including “Back to Basics”, “Purpose T and SSKIN Bundle” followed by an interactive session with attendees on wound assessment, staging and management of PU’s which was very well received by participants. The event closed with a presentation on a recent NMC referral and outcome relating to the assessment and management of a PU in which the referee was removed from the register. This stimulated an insightful discussion with attendees. Throughout the week, in the lead up to STOP Pressure Ulcer Day, the Tissue Viability Nurses carried out a trolley dash around the hospital sites utilising appropriate models and resources to actively engage with staff, patients and visitors in raising awareness around PU prevention and management.
- Ward based specific training has been provided following an identified need (i.e. avoidable pressure damage development).
- Regionally agreed Pressure Ulcer Prevention leaflets are available to order for all wards/teams/departments for distribution to all patients at risk of pressure damage. These are now available for paediatrics and available in all languages on request. Order codes are on the TVN SharePoint and have been disseminated to all staff. Copy of same included in ward wound care folder.
- The updated regionally agreed PHA endorsed online training is available for all staff to access including a new module on Purpose T. The Tissue Viability Team regularly promotes this.
- The Tissue Viability Team regularly update our SharePoint site to reflect current best practice in relation to wound care, on this site there is a section dedicated to Pressure Ulcers.
- The regionally agreed Purpose T and SSKIN Bundle launched July 2023. Purpose T is a validated Risk Assessment Tool, which has robust evidence to indicate that it is more accurate in identifying those patient at risk than the previous Braden Risk Assessment Tool. While the new SSKIN bundle will provide evidence based care and ensure better continuity of care across Trust hospitals and departments.
- 17 education sessions on Purpose T/SSKIN Bundle were provided across the three hospital sites and community. Further training is ongoing by the CEC. There is also on e-learning module on Purpose T available via the HSC.
- We have developed strong links with our local Safeguarding team as we work closely on those complex cases to determine if acts or omissions had contributed to the development of the Pressure Ulcer.
- Currently the team are working with Emergency Department and other acute areas in response to identified needs, with an aim to reduce incidence and prevalence of pressure damage in these areas.

Operational:

- The Tissue Viability team have liaised with Risk Management on updating the DATIX system to streamline the process.
- The team continue to check DATIX reports pertaining to Pressure Ulcers daily. This allowed the team to respond to the handler and request clarity on obscure reports. This subsequently allows the Tissue Viability nurse to identify and remove inaccurate DATIX reports i.e. Moisture Lesions in a timely manner to allow for learning.
- With regard to Stage 3, 4, Unstageable and DTI Pressure Ulcer development the Tissue Viability team complete paper/electronic RCA deeming Pressure Ulcer Avoidable/Unavoidable in a timely manner. Following wound assessment the Tissue Viability section on DATIX is updated accordingly. This process completed, feedback was given to the ward/department on the outcome of the RCA and highlighting areas for improvement and learning.
- The Tissue Viability team implemented independent spot audits to quality assure the auditing process. An Avoidable RCA within the area triggers this process. Following an Avoidable RCA and failed audit the team will arrange a meeting with the Ward/Department Manager to develop an action plan. This meeting will address the RCA, Audit and number of Pressure Ulcers compared to previous months. The ward are then responsible for implementing the action plan and to review and update the Tissue Viability team monthly.
- Tissue Viability team continue to promote the use of the Pressure Ulcer safety cross to monitor Pressure Ulcer incidents on the wards across the Trust.
- Mattress audits continue to be completed quarterly in line with current guidelines.
- There is a Trust approved Pressure Ulcer flowchart.
- The Tissue Viability Team regularly liaise with our lead nurse for Safe and Effective Care, Assistant Director of Nursing and Director of Nursing in the event of complex Pressure Ulceration which is deemed as high risk on the DATIX Matrix. These incidents are dealt with on an individual case by case basis and can lead to MDT round table meeting, which produces action as appropriate.
- The Tissue Viability Lead Nurse sits on regional CAG for therapy bedding for mattresses and cushions. Currently this process is being reviewed and updated to inform a new contract.

Actions planned for 2024/25

The Trust and the PHA have tasked the Tissue Viability Team with reducing the incidence of avoidable pressure ulcers, as a result the Tissue Viability Team have developed an updated action plan as below.

Pressure Ulcer Prevention Plan WHSCT

Education:

- Maintain a list of all Link Nurses (LN) for each department within the Trust to ensure they are on Tissue Viability mailing list. Inform Ward Managers of their responsibility to update this list as necessary. Discuss with Assistant Director's (AD's) and Senior Nurse the possibility of making Tissue Viability quarterly Link Nurse Meeting mandatory.
- Plan education sessions for all Directorates, these will cover Pressure Ulcer prevention, assessment and management. This needs supported by all Senior Nurses, Practice Facilitators, AD's and Chief Nurse.

- Continue to support staff in the use of new Purpose T Risk Assessment Tool and SSKIN Bundle documentation.
- Encourage all ward Staff to look at CEC Courses and our link nurses to undertake Pressure Ulcer standalone module in QUB.
- Continue to provide workshops at link meetings encouraging to cascade learning.
- The Regionally agreed Pressure Ulcer Prevention leaflet is currently under review. Once agreement has been made the codes will be made available for all wards/teams/departments to order for distribution to all patients at risk of pressure damage. These are now available for paediatrics and available in all languages on request. Order codes are on the TVN SharePoint and have been disseminated to all staff. Copy of same included in ward wound care folder.
- Tissue Viability Service continues to promote the regionally agreed PHA endorsed online training to all staff. Pressure Ulcer Prevention training has been deemed mandatory in all other Trusts in Northern Ireland. The Tissue Viability team is advocating this become mandatory in the WHSCT.
- Tissue Viability Nurses liaise with ward staff to offer training on learning identified through the Trust incident reporting database DATIX.

Operational:

- Monitor DATIX system daily for Stage 3 > to ensure timely follow up (Including referral to TVN) and to assess the validity of the Pressure Ulcer.
- Liaise with the handler and Risk Management regarding DATIX reports.
- Inform the handler in a timely manner to investigate and close all Stage 2 reports.
- The Tissue Viability service continues to conduct an independent investigation (RCA) to determine if the injury was avoidable for all reported stage 3, 4, unstageable and deep tissue injuries and provide feedback to the ward/department on areas for improvement. This can include an action plan, meeting with the ward/department manager and subsequent independent spot audits.
- The Tissue Viability service will continue to provide quarterly wound link meetings providing updates on all aspects of wound care.
- The Tissue Viability service will hold the Annual STOP Pressure Ulcer Day in November 2024 to educate staff on Pressure Ulcer Prevention and to update on our progress in reducing the incidence of Pressure Ulcers. On the day we will have a guest speaker, whose topic will be based on the prevention and management of Pressure Ulcers.
- The Tissue Viability service will continue independent spot audits to quality assure the auditing process. An Avoidable RCA in an area triggers this process. Following an Avoidable RCA and failed audit the Tissue Viability team will arrange a meeting with the Ward/Department Manager to develop an action plan. This meeting will address the RCA, Audit and number of Pressure Ulcers compared to previous months. The ward are then responsible for implementing the action plan and to review and update the Tissue Viability team monthly.
- Tissue Viability Nurse will continue to monitor and support the wards/departments in adopting the new Purpose T risk assessment tool and SSKIN Bundle providing additional education support where required.
- The Tissue Viability service are currently reviewing the WHSCT pressure ulcer guidance and associated pathways to ensure that the information remains evidence based and aim to cascade the new document in September 2024 following approval from record keeping.

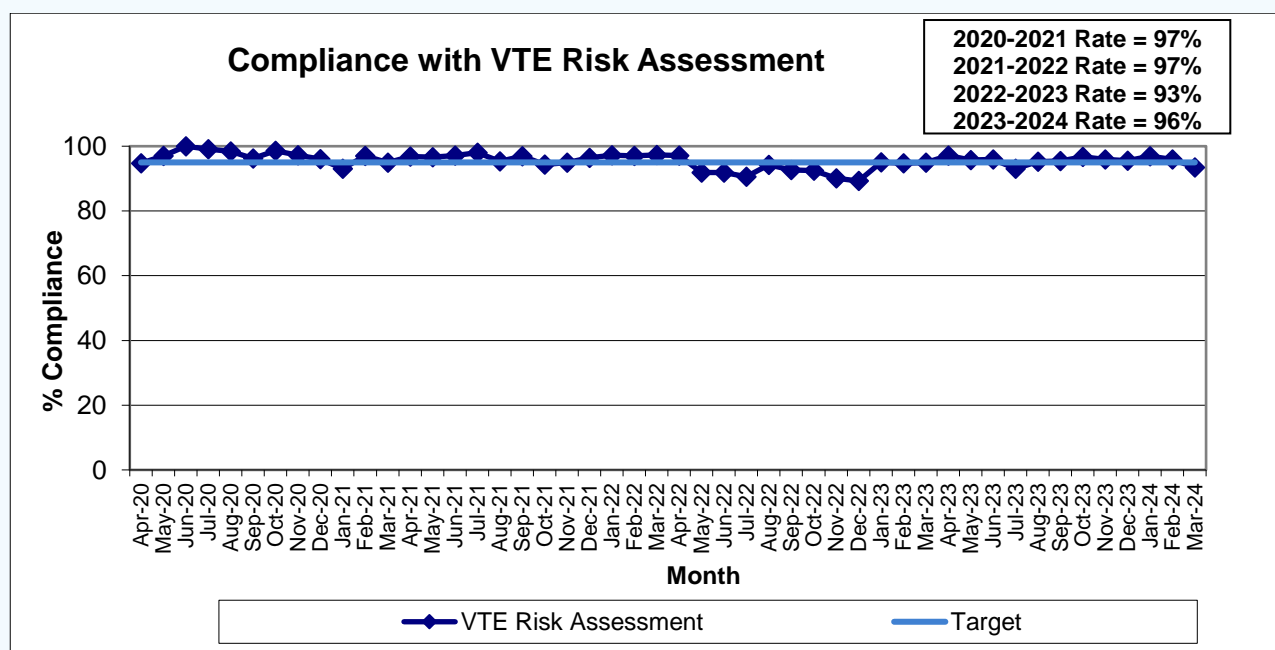
- The Tissue Viability service will collaborate with the PHA and NI Tissue Viability teams to develop and cascade a new Pressure Ulcer Definition booklet to promote continuity and accuracy in reporting Pressure Ulcers.
- The Tissue Viability Service will collaborate with Infection control in reviewing the process of decontamination of pressure redistributing mattresses.

Currently there is no requirement to report on PU development in paediatric patients. The absence of an allocated Paediatric Tissue Viability Nurse is recorded on the Trust Risk Register as an unmet need for this cohort of patients.

PREVENTING VENOUS THROMBOEMBOLISM (VTE)

Patients may experience harm or may die as a consequence of venous thromboembolism - deep venous thrombosis (DVT) and pulmonary embolism (PE). These are recognised complications of medical care and treatment and are potentially preventable if patients are properly assessed and offered suitable preventative measures.

The Trust aims to achieve 95% compliance with VTE risk assessment completed within 24hrs of admission across all adult inpatient hospital wards. During 2023/24 data was collected on a monthly basis from a random selection of patient notes in adult inpatient wards. The compliance rate for 2023/24 was 96%. Monthly compliance is displayed in the graph below:



MEDICINES MANAGEMENT

Medicines are the most frequently used intervention in healthcare. Their use continues to increase due to advances in medical technology and an aging population. It is important that their use is safe and evidence-based as well as ensuring patients get the right medicine at the right time.

Medicines Reconciliation

The Clinical Pharmacy Team complete medicines reconciliation for patients on wards across the Trust where cover is provided. Approximately 80% of wards have a clinical pharmacy service. The NICE (National Institute for Clinical Excellence) standard states that 95% of patients should have their medicines reconciled by a pharmacist within 24 hours of admission.

The Pharmacy Team in South West Acute Hospital have collaborated with the ICT Transformation Team and our Business Intelligence Analysts to create a medicines reconciliation dashboard. This dashboard provides real-time information for teams to try and maximise medicines reconciliation processes. This dashboard has been introduced in Altnagelvin Hospital from April 2024.

The data below represents data for the period 1st April 2023 to 31st March 2024 for South West Acute Hospital taken from the dashboard whereas the Altnagelvin Hospital data is based on snapshot audits throughout the year.

1 st April 2023-31 st March 2024	ALT	SWAH
Percentage of patients that had medicines reconciliation completed on admission	74%	88%
Percentage of patient episode that had medicines reconciliation completed within 24 hours of admission (2023/24)	56%	70%

Delays due to bed pressures in getting patients physically out of Emergency Department and into wards have reduced the critical medicines reconciliation within 24hrs of admission target across acute hospital sites. Data from South West Acute Hospital also indicates that only 17% of patient have medicines reconciled within 24hrs of admission if they are admitted over the weekend. This rises to 88% of patients admitted during the week. This is directly linked to under resourced clinical pharmacy services over the weekend.

Insulin

Insulin continues to be a high-risk medicine and it is important to use it safely. Insulin incidents are reviewed at the Trust's Medicines Governance working group but also at the Insulin safety working group – this group met three times in this period.

The Trust has a multi-disciplinary diabetes team that includes Consultants, Specialist Diabetes Pharmacists and Diabetes Nurses. The pharmacists are independent prescribers.

The Trust continued to be proactive in improving the safe use of insulin throughout the year. One such initiative was Insulin Safety Week which ran from 15th to 21st May 2023. A multidisciplinary team promoted all aspects of insulin safety throughout the Trust. This included QR codes to various training and eLearning platforms.

INSULIN SAFETY WEEK 2023
May 15 to 21 #thinkinsulin

The campaign aims to raise awareness of insulin safety among healthcare professionals. According to the results from the latest National Diabetes Inpatient Audit¹, two in five people with diabetes on insulin (40 per cent) experience an error related to the administration of the drug while in hospital. Insulin Safety Week aims to communicate vital information about insulin safety in a drive to reduce insulin errors.

- The following educational resources are available during 'Insulin Safety Week' – please discuss them in your ward department safety briefs and also share wider with your staff.
- A newsletter will feature some of the common errors we see with insulins. This will be shared with nursing leads for cascade, doctors and the pharmacy team.

	Scan QR Code with your Phone
<ul style="list-style-type: none"> Cambridge Diabetes Education Programme (CDEP) - Complete the Insulin Safety in Hospital/Community e-learning module for free during insulin safety week. A number of other videos about insulin safety and the different types of insulin are available to watch 	
<ul style="list-style-type: none"> Watch the insulin safety webinar – this can be accessed by pharmacists via NICPLD website and other healthcare professionals including primary care via Compass website - requires registration with a free account: https://www.medicinesni.com/courses/recordedlectures.asp 	
<ul style="list-style-type: none"> Watch the Insulin Safety in Hospital video 	
<ul style="list-style-type: none"> Trend Diabetes Learning Hub – eLearning, videos and podcasts LINK 	
<ul style="list-style-type: none"> WHSCT endocrinology / insulin section in the medicines SharePoint LINK 	

Follow and/or join in the national campaign using #ISW2023 and #ThinkInsulin2023
For more information visit: <https://insulinsafetyweek.com/>

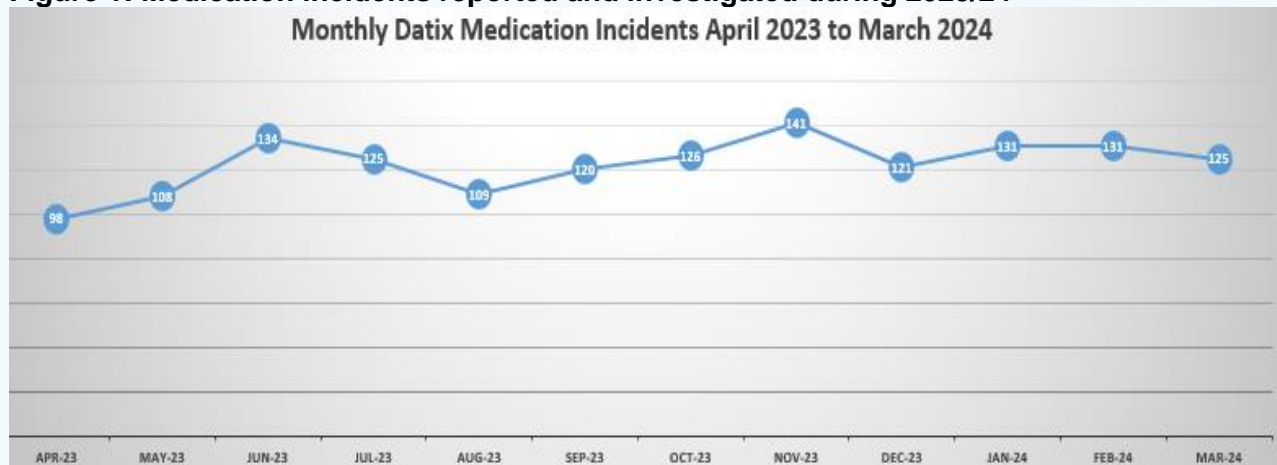
¹ NHS Digital, National Diabetes Inpatient Audit England, 2019 Full Report: Page 5, 2020. Web: 31 March, 2022. [LINK](#)

15th May 2023 – Insulin Safety Week

Medication Incidents and Medication Safety

Figure 1 illustrates the number of medication incidents reported during the year. This is an indicator of a good safety and learning culture. These incidents were reviewed monthly by the Trust Medicines Governance working group. Medication incidents help us to learn and these are shared with staff throughout the Trust via learning newsletters and training. They also provide learning opportunities to make changes to practice that perhaps make it easier to make the right decisions for patient safety every time.

Figure 1: Medication incidents reported and investigated during 2023/24



A number of learning newsletters, safety memos and lessons of the week were issued in 2023/24:

Medication Safety Today

Issue 72 The Northern Ireland Trusts' Medicines Safety Team Newsletter August 2023

"More than 3" rule

Medication errors can occur when "more than 3" tablets, capsules, ampoules or vials are required to prepare the prescribed dose.

Most medications do not need more than 3 to prepare the correct adult dose, but if you calculate that you need more than 3 CHECK with the doctor, pharmacist or a senior colleague. Remember, this rule may not apply to paediatrics. If the dose required is more than 3, e.g. paediatrics, it is important to check that you have the correct medication.

Neubies and piped oxygen

In June 2023, NHS England issued a patient safety alert "Eliminating the risk of inadvertent connection to medical air via a flowmeter" which recommended using powered neubies devices to administer neubies instead of medical air. (do not connect neubies to medical air outlets) This removes the need for medical air outlets to be routinely open to clinical areas, reducing the risk of using medical air instead of oxygen.

One of the unintended consequences of this change is that some patients are now receiving their neubies using piped oxygen. While this may be safe for some patients, it could put some COPD patients at risk of hypoxaemia, respiratory failure.

Safety tips:

- Patients with asthma who also require oxygen therapy should have neubies administered using oxygen piped or cylinder at a flow rate of 2L/min. If an asthmatic patient is not on oxygen, use a powered neubies device instead.
- Patients with COPD requiring neubies should have these administered via a powered neubies. If they are also on supplemental oxygen, this should be delivered at the same time using nasal cannula. Monitor their oxygen saturations closely.

Safety features of the neubies chart include:

- Units are pre-printed in the prescription section
- Guidance on the preparation of the neubies solution
- Monitoring requirements
- Space to record the administration (preparation and administration should be independently checked by a second practitioner)

If you have any comments on this newsletter, please contact Daryl Connolly, Medicines Governance pharmacist on 02870 26023 or 01779 914521 or by email at d.connolly@nhs.uk. Further copies of this newsletter can be viewed on your Trust intranet.

Medication Safety Today

Issue 73 The Northern Ireland Trusts' Medicines Safety Team Newsletter February 2024

Clozapine

Clozapine has been associated with varying degrees of impairment of intestinal peristalsis. These adverse events are thought to be due to the anticholinergic properties of clozapine. The effects can range from constipation to intestinal obstruction, bowel impaction and paralytic ileus. On a few occasions, cases have been fatal.

In August 2023, a General Practitioner reported a death related to the MIRA that healthcare professionals might observe or paralytic ileus and their last onset.

Methotrexate interactions

Methotrexate is an immunosuppressive medication, which is taken once weekly. Low doses (less than 25mg) can be used to treat rheumatoid arthritis and psoriasis. Higher doses can be used to treat some cancers.

When methotrexate is taken orally, it is rapidly absorbed from the gastrointestinal tract and is cleared from the body by the kidneys. Any medication that adversely affects the kidney function could potentially lead to a rise in methotrexate levels within the body. This could lead to toxicity.

Methotrexate interacts with lots of common medications. Always check for drug interactions before starting a new medicine. For example:

1. **Acetaminophen and Co-trimoxazole (Bactrim forte)** Numerous cases of severe bone marrow suppression have been reported when these have been taken with methotrexate. Methotrexate should not be prescribed alongside acetaminophen or co-trimoxazole. Co-trimoxazole for the prophylaxis of pneumocystis pneumonia has been prescribed safely along with methotrexate. This should only occur if the patient and their consultant are happy with the risks involved and additional monitoring occurs.
2. **Acetaminophen and co-trimoxazole (Bactrim forte) and methotrexate** Numerous cases of severe bone marrow suppression have been reported when these have been taken with methotrexate. Methotrexate should not be prescribed alongside acetaminophen or co-trimoxazole. Co-trimoxazole for the prophylaxis of pneumocystis pneumonia has been prescribed safely along with methotrexate. This should only occur if the patient and their consultant are happy with the risks involved and additional monitoring occurs.

General advice for patients on methotrexate:

- Advise patients to check with a pharmacist before purchasing any medication over the counter.
- Advise patients to tell the pharmacist about interactions with methotrexate when starting a new medication.
- Advise patients to report signs of methotrexate toxicity, for example low blood counts, mouth ulcers, unexplained bruising or bleeding to their doctor immediately.

Medication Safety Team

It takes two

Infants have a vaccine used to protect babies against diphtheria, tetanus, pertussis (whooping cough), hepatitis B, poliovirus (polio) and disease such as bacterial meningitis caused by the bacterium Haemophilus influenzae type b (Hib).

Infants have a present in a box with two components that must be mixed together prior to administration. The vial contains the Hib element of the vaccine and all other vaccines are in the syringe.

A number of incidents have been reported where only the syringe element has been administered.

- The pre-filled syringe should be shaken in order to obtain a homogeneous white suspension.
- The vaccine is reconstituted by adding the entire contents of the pre-filled syringe to the vial containing the powder.

Remember to peel back both cardboard flaps and reconstitute the vial with the syringe contents as per manufacturer instruction - [LINK](#)

Valproate

Valproate (Epilepsy) and other generic names) is associated with a significant risk of birth defects (1 in 30 and developmental disorders (1 in 100) in children born to women who take valproate during pregnancy. Since 2008 any use of valproate in patients of childbearing potential has to be within the terms of the Pregnancy Prevention Programme. This is designed to make sure patients are fully aware of the risks and the need to avoid becoming pregnant.

A new National Patient Safety (NPS) outlines new regulatory measures from the 1st February 2024. These additions to the previous safety measures include:

- Valproate must not be started in new patients (male or female) younger than 15 years, unless two specialists independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risk does not apply.
- At their next annual specialist review, women of childbearing potential and girls should be reviewed using a revised version of the Acknowledgement Form, which will include the need for a second specialist signature if the patient is to continue with valproate and subsequent annual reviews with one specialist unless the patient's situation changes.

Valproate Safety Measures Information can be found by clicking this [MIRL Link](#) and [GPI Link](#). The MIRA Drug Safety Update [LINK](#) also highlights the new safety and educational material to be used to support measures for men and women under 15 years of age taking valproate.

Yellow Card

Under reporting of adverse reactions is a patient safety and quality issue. In a 2022 UK study¹, adverse reactions were directly responsible for or contributed to 15.5% of admissions. It has been estimated that up to 50% of adverse reactions are not reported.

The Yellow Card centre Northern Ireland brings together a dedicated multidisciplinary team to increase awareness, education, and promote reporting of suspected adverse effects to the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card scheme.

Report to the Yellow Card scheme at <http://yellowcard.nhs.uk> or via the Yellow Card app. Report suspected adverse reactions to medicines, vaccines, complementary medicines, enzymes, blood factors & immunoglobulins, herbal products, medical devices and medical products.

Yellow Card centre NI: 028 9066 0018 nic@yellowcard.nhs.uk

Health professionals should report safety concerns with medical devices to MHRA: [LINK](#)

Lessons of the week:

- Promotion around Insulin Safety week
- Promotion around National Thrombosis week
- Safe use of Oxygen

SAFetember and World Patient Safety Day (17th September 2023)

Throughout September we promoted awareness on various themes and topics relevant to patient safety. SAFetember presents an excellent opportunity for managers, supervisors and staff to start conversations and initiate change across their service areas.

Week 2

OXYGEN

SAFETEMBER 2023

How to use a Portable Oxygen Cylinder

Portable Medical Oxygen and ENTONOX cylinders are utilised throughout and across all aspects of the healthcare system to provide a temporary uninterrupted portable oxygen supply to patients. They are further utilised in the home environment to enhance quality of life for oxygen dependent patients.

Oxygen Safety | Fire Risk

Oxygen is non-flammable but strongly supports combustion (fire) and, under high pressure with certain conditions, can cause common materials to ignite suddenly (including some materials which do not normally burn in air). Oxygen at high pressure is highly dangerous and a fire can result when in contact with oils, greases, tarry substances and many plastics.

Week 2 was dedicated to Oxygen Safety. It covered pertinent messages including the safe use of a Portable Oxygen Cylinders and reducing risk of fire with Oxygen and more.

Week 3
SAFETEMBER
2023

Medication Safety Strategy NI

Safety matters with medication. Medicines are the most commonly used medical intervention in Northern Ireland, and at any one time 70% of our people take prescribed or over the counter medicines to treat or prevent ill health. We want medication safety to be a priority for everyone receiving and providing care within our health and social care service. The World Health Organization's (WHO) third Global Patient Safety Challenge 'Medication Without Harm' ([Click Here](#)) provides us with the opportunity to re-energise our approach to ensuring the safe use of medicines in Northern Ireland. Our response sets out what we commit to do over the next five years to improve safe practices with medicines and support a medication safety culture within our population.

Yellow Card Regional Centre Launch Marks Patient Safety Day

Yellow Card

A new Yellow Card centre has launched in Northern Ireland. Report problems with healthcare products to improve patient safety in Northern Ireland.

A new regional Centre for reporting suspected safety concerns associated with healthcare products has been launched.

The Yellow Card Centre for Northern Ireland will bring together a dedicated team to increase awareness, educate, and promote reporting of suspected adverse events to the Medicines and Healthcare products

Week 3 focussed on medication safety and a number of recurring themes. The opportunity was also used to promote the Northern Ireland Medication Safety Strategy [Link](#). We want medication safety to be a priority for everyone receiving and providing care within our health and social care service. The World Health Organization's (WHO) third Global Patient Safety Challenge 'Medication without Harm' [Link](#) provides us with the opportunity to re-energise our approach to ensuring the safe use of medicines in Northern Ireland.



World Patient Safety Day was also used to launch the 'Yellow Card Regional Centre.' A new regional centre for reporting suspected safety concerns associated with healthcare products has been launched. [Link](#)

The Yellow Card Centre for Northern Ireland will bring together a dedicated team to increase awareness, educate and promote reporting of suspected adverse events to the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card scheme.



The Yellow Card scheme provides a mechanism for patients, care givers and healthcare staff to report suspected safety concerns associated with healthcare products.

Quality Improvement (QI) in Pharmacy

The Northern Ireland Medicines Safety Strategy improvement focus for 2023/24 was the 'High Risk prescribing of opioids for the management of non-malignant pain.' Collaborative teams were established across the region and the Trust to focus on safety aspects associated with opioids. A multidisciplinary team involving clinical pharmacists, medical staff, nurses and practice pharmacists have been involved in a QI project looking at the safe use of opioids following orthopaedic surgery.



OMITTED & DELAYED DOSES

Omitted and Delayed Medicines

Since the publication of the National Patient Safety Agency (NPSA) Rapid Response Report

“Reducing harm from omitted and delayed medicines in hospital” in 2010, there has been a regional focus to promote good practice in reducing harm from omitted and delayed medicines. A Key Performance Indicator (KPI) audit tool was developed regionally that captured information on the number of omitted medicines, the number of critical medicines omitted, the rationale for omission of critical medicines from a pre-defined list and the number of blank spaces.

Up until January 2023, all Trusts in Northern Ireland reported the findings from this KPI to the Public Health Agency (PHA). Following a meeting by the Nursing and Midwifery Quality and Assurance Network (NMQAN), the Regional Senior Improvement Advisor from HSCQI (Health and Social Care Quality Improvement) and the HSC Lead Pharmacist for Medication Safety, a decision was taken to stand down reporting the data on omitted and delayed medications to the PHA as it was felt that the KPI is not fit for purpose. The NMQAN are currently working alongside representation from the HSCQI and Trust Governance Pharmacists to review and refresh the omitted and delayed medicines KPI using a quality improvement approach.

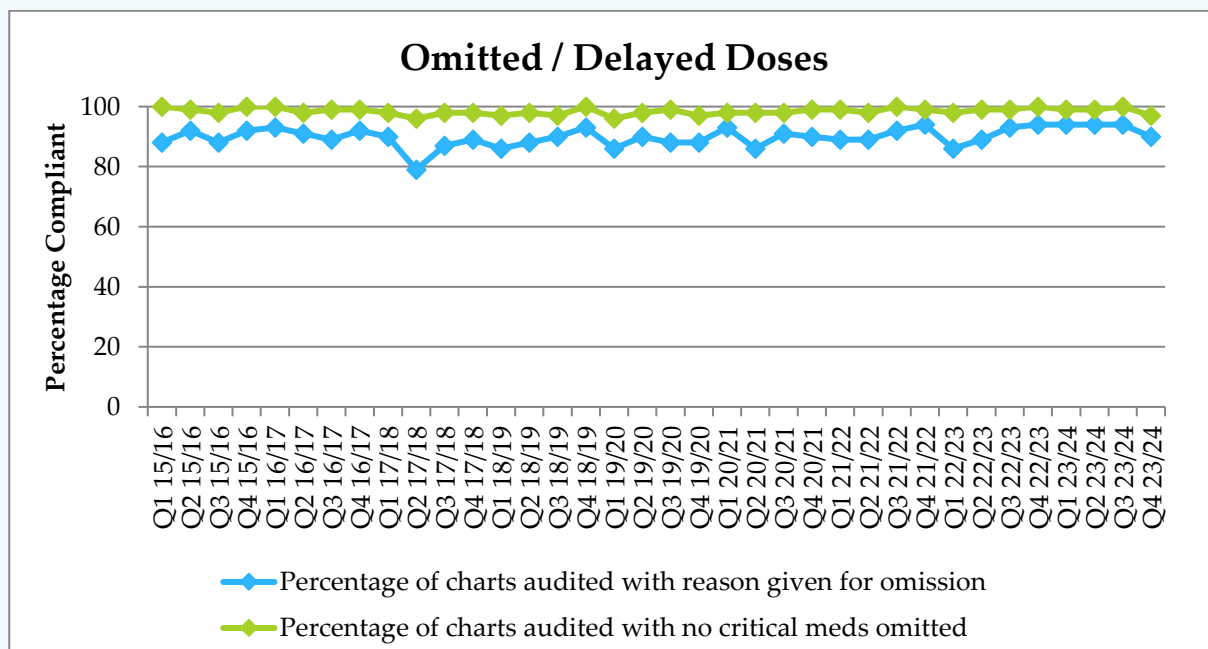
The PHA advised that HSC Trusts may wish to continue to monitor the KPI in its current form but will not need to report the data to the PHA. The Executive Director of Nursing in the Western Trust has decided that the Trust will continue to monitor the omitted and delayed medicines KPI in the current format until the updated KPI audit tool is available.

Within the Western Trust, a multi-professional group has been established to undertake a complete review of medicines management. The work from this group will lead to more robust processes around management of medicines and attain the best outcome for patients.

The Trust has a monthly multi-professional medicines governance meeting that reviews all incidents reported related to medicines management including omitted doses. In addition,

a task and finish group has been set up to specifically review medication incidents including the omission of critical medications in both Emergency Departments (ED). The aim is to avoid any doses of critical medications being omitted whilst a patient is in the ED.

Compliance with measuring omitted and delayed medicines is measured quarterly. During 2023/24, data was collected from inpatient wards using a random selection of 10 patient case notes. Compliance is displayed in the graph below:



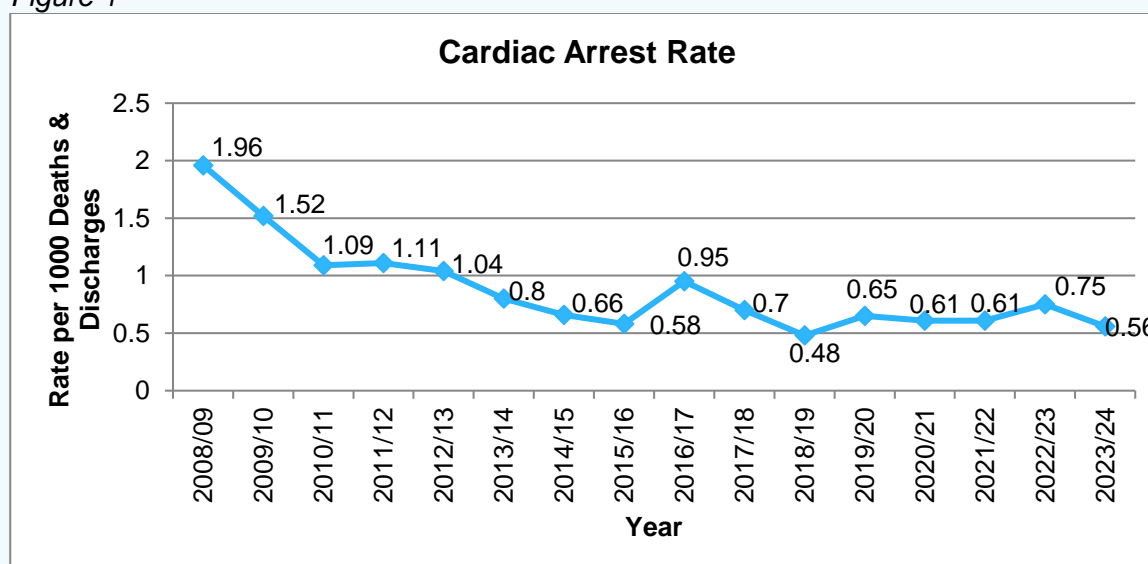
REDUCING CARDIAC ARREST RATES IN HOSPITALS

Low rates of arrest calls to general wards is an indicator and reassurance to the Trust and the general public that staff can effectively identify a deteriorating patient, provide appropriate treatment and prevent them suffering a cardiac arrest. Emphasis on identification and treatment of the deteriorating patient throughout the Trust is provided by the Resuscitation Team in their resuscitation courses.

At all Advanced Life Support (ALS), Advanced Paediatric Life Support (APLS), Immediate Life Support (ILS), Paediatric Immediate Life Support (PILS) and Acute Life threatening Events Recognition and Treatment (ALERT) resuscitation courses delivered in the Trust there is a focus on deteriorating patients to empower staff to effectively assess patients, call for appropriate help early and treat them using their knowledge and skills alongside national guidelines and Trust protocols and policies. Flow charts indicating what training staff must attend have been developed, updated and adopted Trust wide to maintain staff knowledge and skills. To assist staff in assessment and management of the acutely ill patient and more intensive observation a Critical Care Outreach Team and Hospital at Night Team are in place on the Altnagelvin Hospital site with Hospital at Night Team on the South West Acute Hospital site. The Resuscitation service also facilitate drills at ward / department level Trust wide to reinforce what has been taught in the classroom and also test staff responses in their own environment.

Figure 1 below details the Trust crash call rate to general wards (excluding Cardiology, Emergency Department, Critical Care and Theatres). The rate for 2023/24 was 0.56.

Figure 1



Within the Trust all cardiac arrest calls continue to be audited to ensure compliance with national and local guidelines. Due to queries regarding confidentiality, the input of data from all Trusts in Northern Ireland to the National Cardiac Arrest Audit (NCAA) remains suspended since 2019 until a solution has been confirmed. However, in the interim, NCAA has given the Western Trust Resuscitation service access to the national reports to facilitate bench marking. In 2023/24, the survival to discharge following an in-hospital cardiac arrest in the Western Trust is 37% compared to the most recent reported NCAA data (2022/23) which reports a survival of 23%.

The audit figures continue to show that survival from VF/VT arrests remains high at 73% survival to discharge compared to NCAA 2022/23 data 51.2% survival to discharge. The survival figures from VF/VT still continue to indicate that training in early defibrillation for all staff is working and that this training should be continued.

The survival rate from non-shockable arrests (PEA and asystole) to discharge continues to be above national figures - asystole 26% compared to NCAA 2022/23 9.3% with PEA 17% compared to 14.7% for NCAA 2022/23. However the Resuscitation Service will continue to emphasise key clinical indicators of 'at risk' patients at all resuscitation training, and also emphasise the benefits and limitations of NEWS in an effort to reduce further the number of arrests, as the survival from PEA and asystole is reported as poor in figures world-wide. Therefore, we need where possible, to prevent these patients from deteriorating to arrest but it is recognised that some of these patients will experience an arrest despite early intervention.

Even though there has been a slight increase in patient cardiac arrests, the figures in 2023/24 show that there is a continuing trend in the reduction of cardiac arrest calls to inpatients in non-critical areas. This highlights that targeted resuscitation training on identification and treatment of the deteriorating patient is working, alongside intensive work on NEWS delivered by the Resuscitation Services Department. In the period of this report the Resuscitation Service has continued to emphasise the benefits and limitations of NEWS to assist staff in identifying the sick/deteriorating patient whilst also reviewing other data such as blood results, medication and comorbidities. The Resuscitation Service continues to validate all resuscitation calls, including reviewing the patient's NEWS prior to resuscitation to identify any learning.

Theme 4

Raising the Standards



MORTALITY RATIO

The Trust provides care and treatment for many patients and sadly some of the very acutely ill die in hospital.

The Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the reported death rate is higher or lower than you would expect based on historic data and associated outcomes. Like other statistics, SMRs are not a perfect indicator of safety; if a hospital has a high SMR it cannot be said for certain that this reflects failings in the care provided by that hospital. However, it can be a warning sign that things may be going wrong and should act as a trigger for further investigation.

The Risk Adjusted Mortality Index (RAMI) 2019 is an SMR which takes case complexity into account, by comparing the actual number of deaths, with the predicted number of deaths, based on historic outcomes with similar characteristics, i.e. age, gender, primary diagnosis, procedures performed, and comorbid conditions.

- A RAMI index value of 100 means that the number of patients who died in hospital matches the number of predicted deaths, for a given period.
- A RAMI value lower than 100 means that fewer patients died in hospital than predicted for a given period.
- A RAMI value greater than 100 means that more patients died in hospital than predicted for a given period.

For comparative analysis the Trust RAMI score will be compared against a UK peer group (HES Acute Peer Group) and a NI Peer group (that includes the other four NI HSC Trusts).

Facts & Figures

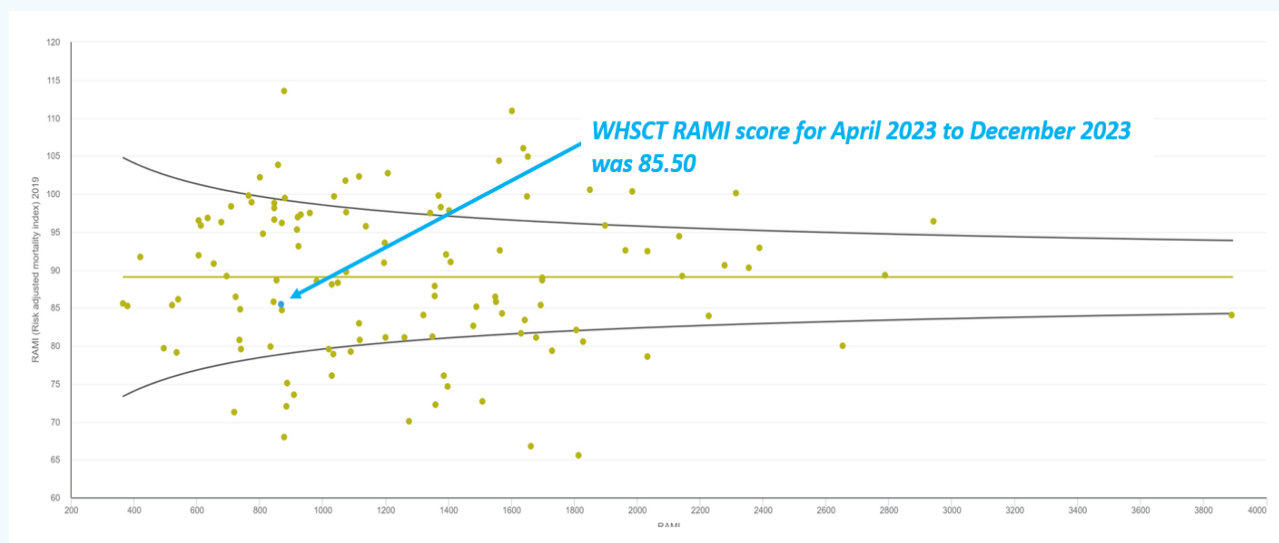
The table below provides details of the RAMI score for the Western Trust compared to the UK Peer and the NI Peer group for April 2023 to December 2023.

RAMI Score - 2023 - by month			
Month	RAMI Score		
	WHSCOT	NI Peer	UK Peer
April 2023	96.67	96.54	95.18
May 2023	82.07	86.96	88.66
June 2023	73.90	84.79	84.41
July 2023	87.43	87.12	84.18
August 2023	67.44	87.43	84.37
September 2023	72.19	107.87	86.93
October 2023	93.42	106.87	90.51
November 2023	112.40	93.90	88.15
December 2023	86.07	95.63	99.23

Note: RAMI shown is only for April 2023 to December 2023

The overall Western Health & Social Care Trust RAMI score was 85.50 which indicates that the number of in-hospital deaths recorded for the Western Trust was less than the number of predicted deaths for the given period.

The UK Peer overall score was 89.05 and the NI peer overall score was 94.12. The Western Health & Social Care Trust overall RAMI score is lower at 85.50 being below mid-range and comparing favourably against UK Peer, as demonstrated in the funnel plot below.



Please Note

Risk adjusted measures such as RAMI were not designed for pandemic activity and therefore excludes any activity with Covid-19 diagnoses codes in a primary or secondary position.

EMERGENCY READMISSION WITHIN 30 DAYS OF DISCHARGE

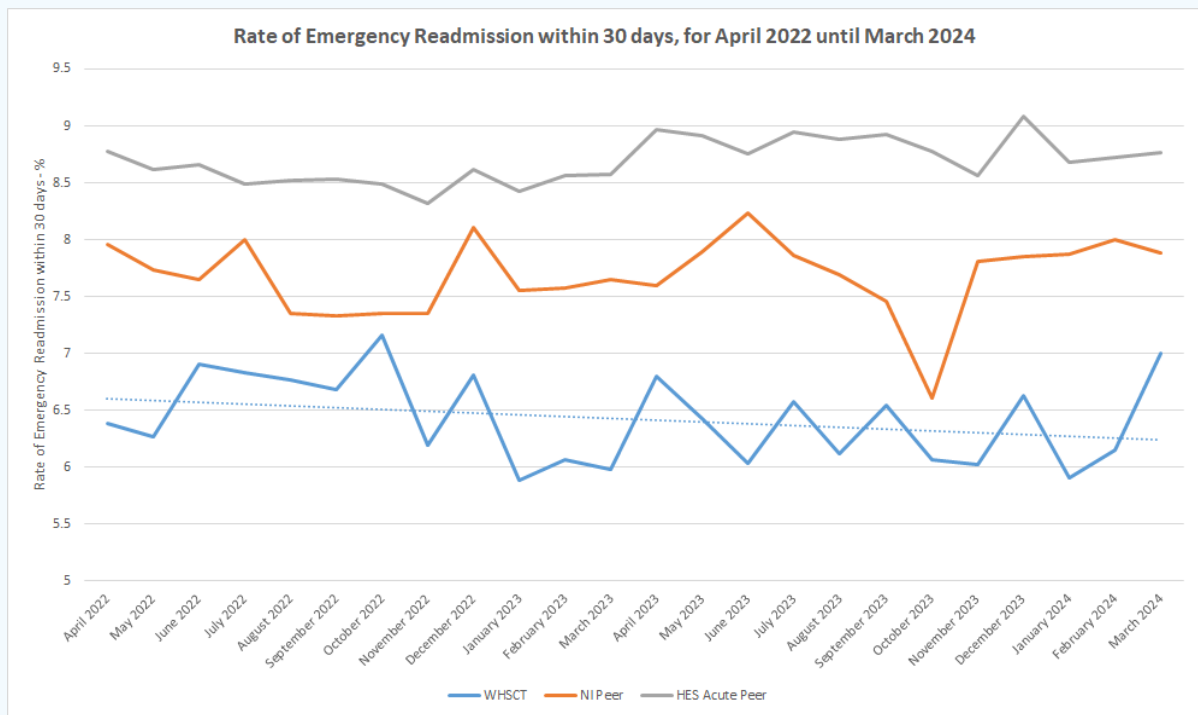
Readmission rate is one of a number of indicators used as a measure of quality of care. For the purposes of monitoring performance the Trust has provided comparative data for the UK HES Acute Peer and a Northern Ireland (NI) peer (that includes the other four NI HSC Trusts).

The Trust overall Emergency Readmission rate (within 30 days) for the period April 2023 until March 2024 was 6.34%, compared to 8.83% for the UK peer and 7.71% for the NI peer.

The table below shows overall Emergency Readmission rates (within 30 days) for the Western Trust and selected peer for the last two years.

	2022/2023	2023/2024
Western Trust	6.49	6.34
NI Peer	7.62	7.71
HES Acute Peer	8.55	8.83

The graph below illustrates the monthly readmission rate for the Trust compared to the UK Peer and the NI Peer, for the period April 2022 until March 2024.

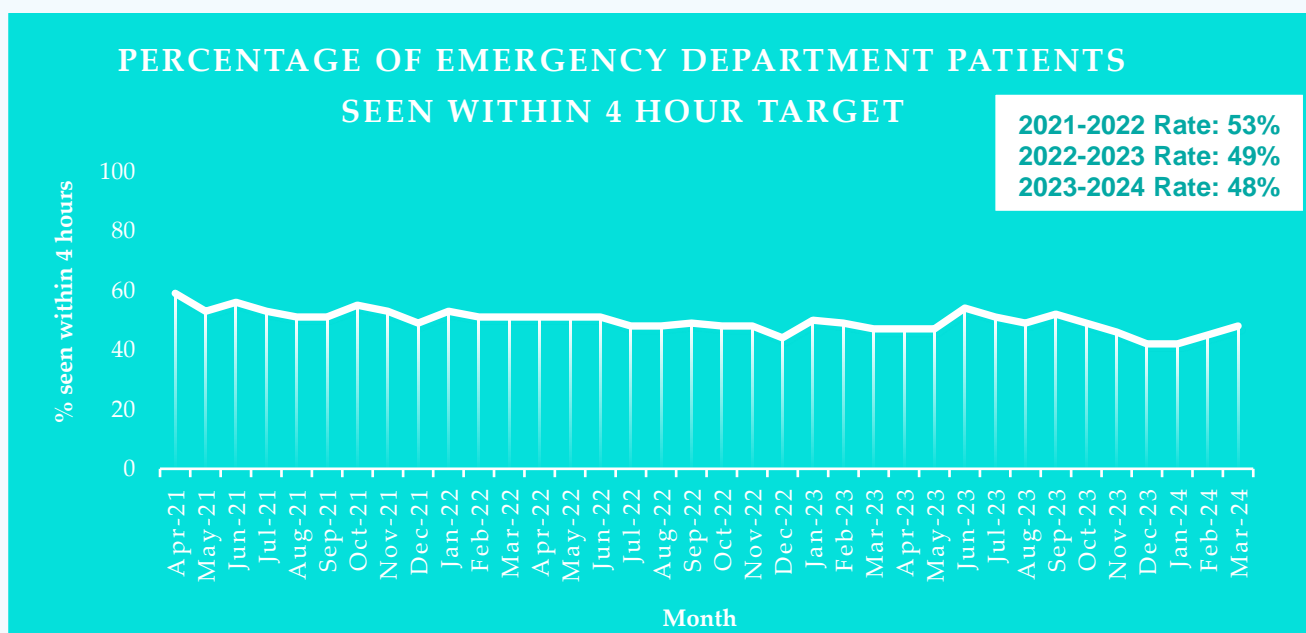


The Trust continues to perform well with an overall improving Emergency Readmission Rate (within 30 days), comparing favourably against NI and UK peer.

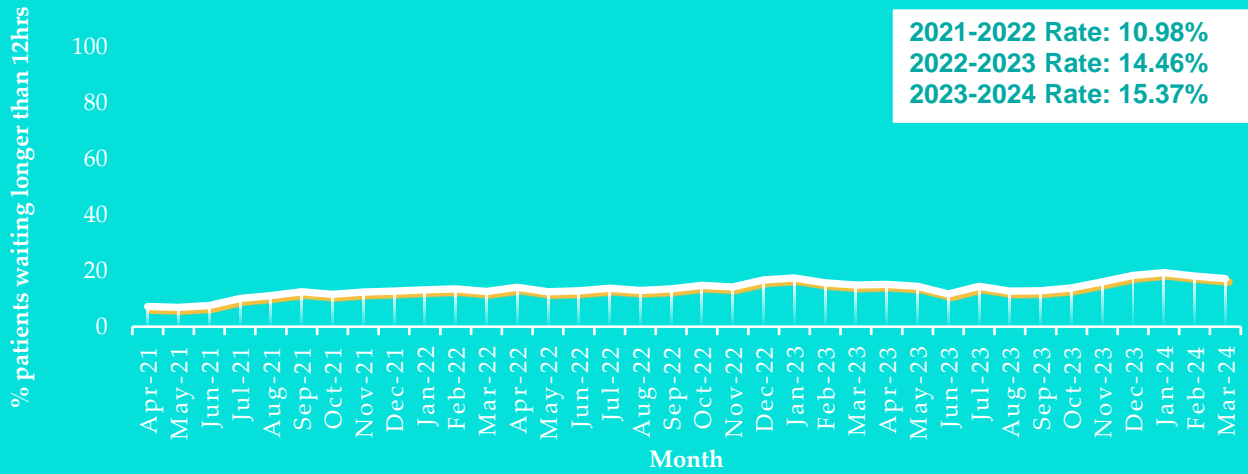
EMERGENCY DEPARTMENT (ED)

4 Hour and 12 Hour Standards

Both our Emergency Departments, similar to other EDs across the region, continue to experience challenges with congestion and long waits for our patients, alongside a 1.5% increase in attenders. This is reflected in our performance against both the 4 and 12 hour standards over the past 3 years.



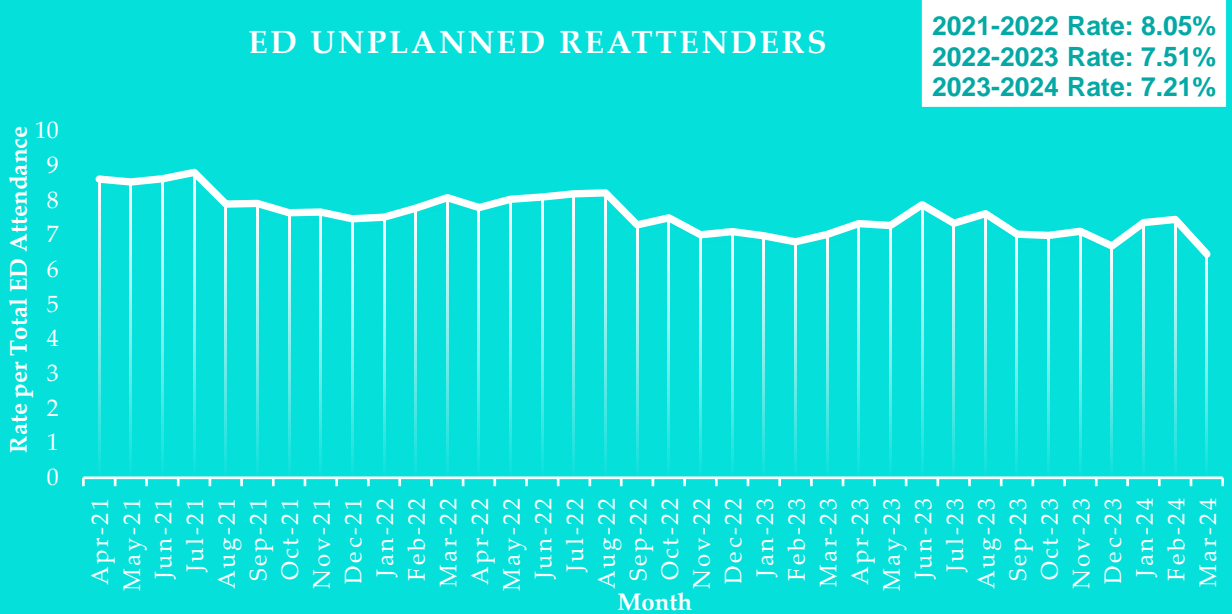
PERCENTAGE OF EMERGENCY DEPARTMENT PATIENTS WAITING LONGER THAN 12hrs



Unplanned Re-attendance 2023/24

The Unplanned Re-attendance Rate indicator looks at unplanned follow-up attendances to the Emergency Department. The target for this is less than 5% and focuses on avoidable re-attendances and improving the care and communication delivered at the original visit. There has been a slight reduction compared to the previous year.

ED UNPLANNED REATTENDERS



Facts & Figures

126,484 people attended ED during 2023/24. This was a 1.5% increase from the previous year.

48% of these patients were seen within the 4hr target which is a 1% decrease from the previous year.

15.37% of these patients waited longer than 12hrs which is an increase of 0.91% from the previous year.

7.21% of these patients were unplanned re-attenders.

People who leave without being seen

	Total Attendances 2023/24	Number of	Percentage of patients who did not wait to be seen
Western Trust	126,484		6.7%

6.7% of all attendances did not wait to be seen, which is also reflective of the long waits patients are experiencing in ED.

Actions Taken to Improve the Trust's Provision of Emergency Care

The Trust has been engaged in a range of work streams aimed at improving patient flow through our hospital system and onward to discharge from hospital including Safer Flow work on the South West Acute Hospital (SWAH) site and an external team reviewing processes in November 2022. The ED nurse stabilisation project 2023/24 delivered the successful recruitment of nursing staff and the development of these nurses continues through training and induction programmes with cross site collaboration.

In March 2024, a Minor Injury Unit was opened in Altnagelvin Hospital as part of the No More Silos programme. This successfully delivered dedicated minor injury space, Radiology provision and an alternative pathway from ED through a Phone First Led triage process.

The Discharge Lounge Team have been involved in a HSCQI project to develop the Discharge Lounge service and increase throughput by facilitating early admissions to ward areas from ED, reducing risk of significant overcrowding in our emergency department. This project has shown signs of growth and development through collaborative working across many services.

Through the No More Silos work stream the Ambulatory Care Unit is now a protected space, caring for patients under the Same Day Emergency Care Model for both General Surgery and Acute Medicine. This pathway focuses on ED avoidance and early discharge with planned ambulatory review. Direct GP referrals and direct referrals from ED triage are ongoing. Direct referrals from Northern Ireland Ambulance Service (NIAS) are due to commence in the coming months.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDELINES AND ENSURING COMPLIANCE

The National Institute for Clinical Excellence (NICE) is an independent organisation which provides

- Evidence based guidelines on the treatment of particular conditions
- Rigorous assessment of new drugs and treatments as they become available
- Guidelines on how clinical, social and public health care services can support people to improve their health and well-being.

The Department of Health has processes in place for the endorsement of NICE Guidelines, Technology Appraisals, Public Health Guidance and Interventional Procedures. NICE Guidelines are then forwarded to Trusts for implementation.

A lead Directorate has been identified for each NICE Guideline received by the Trust for implementation with input from other service areas as required to ensure completion of a comprehensive baseline assessment. Directorates are to consider the risk associated with gaps in compliance and how that risk can be minimised or managed going forward, for example by progressing an action plan, through the risk register process and/or business planning processes.

Where NICE Guidelines are considered to be fully implemented the Audit Department will contact the lead Directorate to encourage audit of all or part of the guideline for assurance purposes.

The Standards, Audit and Quality Improvement group (SAQI) oversees and monitors processes used by the Trust to implement NICE Guidelines. Compliance with NICE Guidelines continues to be shared with Directorates and monitored by the Quality & Standards Sub-Committee. Reports are also provided to Trust Governance on a quarterly basis.

NATIONAL / REGIONAL AUDITS

Clinical audit has been defined as

“a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.”

Healthcare Quality Improvement Partnership (HQIP)

Our Trust participates, where possible, in national and regional audits, allowing us opportunities to

- Compare our performance with other participating Trusts in Northern Ireland and/or England, Scotland and Wales
- Measure our healthcare practice on specific conditions against nationally accepted standards
- Receive benchmark reports on performance, with the aim of improving the care provided

- Provide patients, the public, clinicians and health service managers with a clear picture of the standards of care being achieved by our Trust.

Examples of a national audit and a regional audit that the Trust participated in which were published during the 2023/24 year are outlined below:

National Audit - National Audit of Care at End of Life Round 4 (NACEL) 2022

Background:

The National Audit of Care at the End of Life (NACEL) is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute hospitals and community hospital facilities in England, Wales and Northern Ireland. NACEL Northern Ireland was commissioned by the Northern Ireland Public Health Agency, on behalf of the Regional Palliative Care in Partnership Programme in July 2018. The audit is delivered by the NHS Benchmarking Network, who have been supported by The Patients Association.

Aims & Objectives:

To improve the quality of care of the dying person and those important to them during the last admission leading to death.

Criteria:

Standards based on 5 priorities for care of the dying person outlined in “One chance to get it right” and NICE quality standards. Inpatient care in acute and community hospitals providing NHS funded end of life care to adults (18+) are all in scope of the audit, but hospices are excluded.

Areas of Good Practice Identified:

Altnagelvin: 96% of families and others were involved in discussing individualized plan of care.

Omagh: 100% of case notes recorded an individualized plan of care.

SWAH: 91% of staff felt supported by their Specialist Palliative Care Team.

- The end of life symbol is used to encourage dignity and respect at end of life and for people to be aware that the person (normally in side room) is nearing end of life)
- Access to end of life care folders on each relevant ward area with key information for end of life and guidance on symptom management.
- The Trust Intranet page has a palliative / end of life SharePoint site with all relevant information, guidance, key documents etc. readily available.
- The team deliver a rolling programme of education relating to key areas of palliative and end of life care available to all staff.
- Wards use ‘taste for pleasure’ initiative for those struggling with food and fluids and to replace the ‘nil by mouth’ terminology.
- Wards have a palliative / end of life link programme for identified palliative care link nurses on the ward setting.
- There is access to palliative care / home to die aide memoir to support discharge planning for end of life care.
- There is access to the regional End of Life operational system to assist in identification and planning for palliative and end of life care.

- Nutrition guidance for palliative / end of life care in development to assist decision making and food for comfort as part of end of life care which considers goals and considerations depending on a persons identified stage.
- There is access to specialist palliative care medical advice 7 days a week – and currently using a sticker system within medical notes for ease of reference for staff to know how and when to contact this service if required for Out of Hours advice / support.

Next Steps:

Chief Executives of Health and Social Care Trust Boards should:-

- Ensure that clinical teams delivering end of life care clearly and sensitively communicate with the dying person, where possible, and those important to the dying person, the possibility of side effects, from medications prescribed at the end of life. All communication should be documented in the patient's care records. [NACEL 2019 Recommendation 1- unchanged for 2022]
- Ensure that clinical teams delivering end of life care clearly and sensitively communicate with the dying person, and those important to the dying person, the risks and benefits of hydration and nutrition options. The patient's hydration and nutrition status should be regularly reviewed, and they should be supported to eat and drink if they are able and wish to do so. All reviews, communication and support should be clearly documented in the patient's care records. Professional guidance from the GMC, good practice in decision making, Treatment and care towards the end of life: 2022, and the NMC's The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, 2018, should be implemented. [NACEL 2019 Recommendation 2- updated for 2022]
- Ensure that patients at the end of life have an individualised plan of care which addresses and documents the following needs:- Emotional and psychological needs - Spiritual, religious and cultural needs, and - Social and practical needs NG31 Care of Dying adults in the last days of life states that a plan for care and treatment must be developed to meet the dying person's own needs and wishes in relation to how their care should be managed and any treatment preferences they may want to express. This plan must include attention to symptom control (e.g. relief of pain and other discomforts) and the person's physical, emotional, psychological, social, spiritual, cultural and religious needs. [NACEL 2019 Recommendation 3- unchanged for 2022]
- Ensure that every opportunity is taken to give dying people the option to participate in advance care planning, to reflect their choices and wishes at the end of their life. This should include documenting in the patient's care records the preferred place to die (if known), discussions regarding recommendations for cardiopulmonary resuscitation and facilitating this wherever possible. [NACEL 2019 Recommendation 4- updated for 2022]
- Implement processes to ensure that communication with the dying person, and those close to them, on the use of anticipatory medicine is documented in the patient's care record. This should include documented evidence of an individualised indication for the use of the anticipatory medication. [NACEL 2019 Recommendation 5- updated for 2022]
- Provide training opportunities for health and care staff to improve their end of life care communication skills. Support health and care staff to gain competence and confidence in communicating effectively and sensitively with patients and families in the last days and hours of life. Training for clinicians and other staff who have contact

with dying people should focus on supporting the delivery of NICE Guideline 2015: Care of dying adults in the last days of life (NG31). [New for NACEL 2022]

In collaboration with the Palliative Care in Partnership Programme, the Department of Health/Commissioners should:-

- Work towards having specialist palliative care doctor and/or nurse telephone advice availability 24 hours a day, seven days a week. This is a part of an ongoing review of the specialist palliative care workforce in Northern Ireland, which also considers the allocation of the available resource across all settings, both face-to-face and telephone. [NACEL 2019 Recommendation 7 – unchanged for 2022]
- Work towards end of life care training programmes becoming embedded as part of induction programmes and also as part of mandatory/priority training programmes in Northern Ireland. Advanced communication skills training should be available for health and social care staff to access. End of life care training should develop staff competence and confidence to recognise imminent death, communicate with the dying person and people important to them as early and sensitively as possible, and deliver end of life care. [NACEL 2019 Recommendation 8 - updated for 2022]

Regional Audit – Northern Ireland Transfusion Committee (NITC) O Negative Audit 2022

Background:

The Northern Ireland Transfusion Committee (NITC) are now looking at the use of O Negative Red Cells across Northern Ireland in emergency blood loss situations. Unfortunately shortage of O Negative red blood cells is becoming an increasing problem in Northern Ireland and the Northern Ireland Blood Transfusion Service (NIBTS) has been obliged to purchase O Negative units from other UK countries to maintain an adequate regional stock. This situation is no longer unique to Northern Ireland and all the UK and Ireland Blood Services are now undergoing problems with collecting sufficient O Negative blood to meet their own demand. Consequently, an ongoing dependence of NI stock replenishment via future procurement outside NI may become problematic in times of severe UK shortage.

Aims & Objectives:

The audit plans to examine (over a 1 month period) all patients transfused with O Negative blood to assess the appropriate use, inappropriate use, wastage and opportunity to prevent the transfusion of O Negative red cells.

Criteria:

Looking at every unit of O Negative that is issued from the Northern Ireland Blood Transfusion Service.

Summary of findings:

This study provides strong evidence that there are multiple laboratory and clinical opportunities within Trusts to reduce the demand of O RhD Negative red cells and conserve the central NIBTS stock. If all these opportunities were addressed cumulatively there would be a substantial reduction in O RhD Negative demand.

4.3% of O RhD Negative red cells are not used and completely wasted due to time expiry despite the units being available in the Trusts for an average of 23.6 days before disposal.

18.4% of O RhD Negative red cells are administered to non-O RhD Negative patients to avoid time expiry suggesting that Trust stock levels may be high.

Over 30% of patients requiring O RhD Negative transfusion have a cause of anaemia that is likely to be associated with a long-term insufficient haematinic intake or ongoing loss process causing the anaemia. Earlier clinical treatments to address these could reduce anaemia and the need for transfusion.

It is likely that many patients electively transfused with O RhD Negative red cells did not appear to have pre-transfusion haemoglobin levels necessitating a need for immediate transfusion - suggesting temporal opportunity to implement alternative treatments to avoid some transfusions.

Several Trusts appear to require a high percentage of their red cells issue from NIBTS as O RhD Negative red cells. Several of these Trusts transfuse an unusually high percentage of these O RhD Negative units to O RhD Negative patients opening the possibility of geographical variation.

Next Steps:

- Blood banks should identify units with a short shelf life left and allocate them to an O RhD Negative patient who is likely to receive a transfusion to avoid time expiry wastage.
- Hospitals should monitor the number of units of O RhD Negative red cells that are transfused to patients who are not O RhD Negative to avoid time expiry. Appropriate adjustments should be made to stock levels to reduce this practice.
- There is strong evidence that much anaemia requiring O RhD Negative transfusion is precipitated by simple haematinic deficiencies. Healthcare professionals should be alert to the potential of chronic blood loss, dietary insufficiency and malabsorption conditions causing iron, B12 and Folate deficiency in the body, leading to anaemia and unnecessary transfusion. These conditions should have early haematinic investigation and supplementary treatment to prevent anaemia and transfusion.
- The pre-transfusion haemoglobin levels in many electively transfused cases did not indicate a need for immediate transfusion of O RhD Negative. In such cases, physicians should consider delaying transfusion while optimising underlying haematinic deficiencies and haemorrhagic causes to avoid transfusion.
- Over transfusion should be avoided. Multiple unit transfusions in elective transfusion top ups should have a haemoglobin check after each unit administered until the target haemoglobin level is achieved.
- In times of shortage of O RhD Negative red cells the obligatory use of O Positive red cells for adult males and females of non-childbearing age will assist the conservation of O RhD Negative stock for essential demand.
- There is longstanding variance in O RhD Negative demand as a percentage of total red cell issues between Trusts. Data hints that the population may not be homologous across Northern Ireland in the frequency of O RhD Negative. A larger study of the prevalence of O RhD Negative in each Trust area would be of benefit to allow better planning in both the allocation of O RhD Negative and the monitoring of its use.

ACCESS AND PERFORMANCE TARGETS

Performance Overview

This section provides an update for Hospital and Community Services on progress for the full year 2023/24 (1 April 2023 to 31 March 2024). Information is provided on the Trust's performance against targets set out by:









- DoH Commissioning Plan Direction (CPD); rolled forward from 2019/20 and
- HSC Service Delivery Plan (SDP) 2023/24; (version 5, 10th November 2023)
















Performance against the Access Targets and Service Delivery Plan is reported on a monthly basis to SPPG, the Trusts' Corporate Management Team via its Strategic Change Board, and at the Finance & Performance Committee (a Committee of Trust Board). The Trust Board Performance Report is presented to Trust Board on a quarterly basis and published on the Western HSC Trust website at [Our priorities and performance | Western Health & Social Care Trust \(hscni.net\)](https://www.hscni.net/our-priorities-and-performance).









CPD Summary / Access to HSC Services

The end-of-year position on the Trust's performance against the Commissioning Plan Direction targets are summarised below.

The Red (R) status denotes Not Achieving Target, Amber (A) denotes Almost Achieved Target and Green (G) denotes Target Achieved.

Summary of Trust Performance against Commissioning Plan Targets	2023/24 Cumulative Position	2023/24 Cumulative RAG
By March 2024, ensure that at least 16% of patients with confirmed Ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	ALT : 11% of patients SWAH: 13% of patients	
By March 2024, all urgent diagnostic tests should be reported on within 2 days.	87% reported within 2 days	
During 2023/24, all urgent suspected breast cancer referrals should be seen within 14 days.	97% patients seen within 14 days	
During 2023/24, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	97%* patients received first treatment within 31 days	
During 2023/24, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days	43%* patients received first treatment within 62 days	
By March 2024, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment.	16% < 9Weeks (Mar 24)	
By March 2024, no patient should wait longer than 52 weeks for an outpatient appointment.	38,364 patients waiting > 52 weeks (Mar 24)	
By March 2024, 75% of patients should wait no longer than 9 weeks for a diagnostic test	54% < 9Weeks (Mar 24)	

Summary of Trust Performance against Commissioning Plan Targets	2023/24 Cumulative Position	2023/24 Cumulative RAG
By March 2024, no patient should wait longer than 26 weeks for a diagnostic test	2,857 patients waiting > 26 weeks (Mar 24)	
By March 2024, 75% of patients should wait no longer than 9 weeks for an Endoscopy diagnostic test.	28% < 9Weeks (Mar 24)	
By March 2024, no patient should wait longer than 26 weeks for an Endoscopy diagnostic test.	3,479 patients waiting >26 weeks (Mar 24)	
By March 2024, 55% of patients should wait no longer than 13 weeks for inpatient or day case treatment.	24% < 9Weeks (Mar 24)	
By March 2024, no patient should wait longer than 52 weeks for inpatient or day case treatment	11,032 patients waiting >52 weeks (Mar 24)	
By March 2024, no patient should wait longer than 13 weeks from referral to commencement of treatment by an Allied Health Professional.	8,751 patients waiting >13 weeks (Mar 24)	
By March 2024, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department	48% patients treated or discharged within 4 hours	
By March 2024, no patient attending any type 1, 2 or 3 emergency department should wait longer than 12 hours	19,345 patients waited >12 hours	
By March 2024, at least 80% of patients to have commenced treatment, following triage, within 2 hours	65% patients commenced treatment within 2 hours	
By March 2024, ensure that 90% of complex discharges from an acute hospital take place within 48 hours	63% complex discharges within 48 hours	
By March 2024, ensure that no complex discharge from an acute hospital takes more than seven days	580 complex discharges >7 days	
By March 2024, all non-complex discharges from an acute hospital to take place within six hours.	95% of non-complex discharges within 6 hours	
By March 2024, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	74% of patients waited no longer than 48 hours	
By March 2024, no patient waits longer than nine weeks to access adult mental health services.	201 patients waiting > 9 weeks (Mar 24)	
By March 2024, no patient waits longer than 9 weeks to access dementia services.	717 patients waiting >9 weeks (Mar 24)	

Summary of Trust Performance against Commissioning Plan Targets	2023/24 Cumulative Position	2023/24 Cumulative RAG
By March 2024, no patient waits longer than 13 weeks to access psychological therapies (any age).	1,049 patients waiting > 13 weeks (Mar 24)	
During 2023/24, ensure that 99% of all learning disability discharges take place within seven days of the patient being assessed as medically fit for discharge	86% of discharges took place within 7 days	
During 2023/24, no learning disability discharge to take more than 28 days from the patient being assessed as medically fit for discharge	1 patient waited > 28 days	
During 2023/24, ensure that 99% of all mental health discharges take place within seven days of the patient being assessed as medically fit for discharge	97% of discharges took place within 7 days	
During 2023/24, no mental health discharge to take more than 28 days from the patient being assessed as medically fit for discharge.	32 patients waited > 28 days	
By March 2024, no patient waits longer than 9 weeks to access child and adolescent mental health services.	276 patients waited > 9 weeks (Mar 24)	
By March 2024, secure a 10% increase in the number of direct payments to all service users.	1,387 (3.7%) service users (Mar 24)	
By March 2024, secure a 10% increase (based on 2019/20 figures) in the number of carers assessments offered to carers for all service users.	2,270 (14%) patients (Mar 24)	
By March 2024, secure a 5% increase (based on 2019/20 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	3% increase achieved in the number of community based short break hours	

*Initial Performance data – End of Year Position finalised June 2024.

Service Delivery Plan (April 2023 – March 2024)

A detailed assessment of the Access Targets and Service Delivery Plan performance for 2023/24 is provided in the tables in the section below.

The focus for 2023/24 was to build on the progress achieved throughout 2022/23 to rebuild services and to exceed previously delivered levels of activity where possible. Targets were set by Strategic Planning and Performance Group (SPPG) on this basis, and a Red, Amber and Green (RAG) rating continued to be the basis for the assessment of Trusts.

A number of new metrics were introduced in the 2023/24 SDP, which were: Domiciliary Care Unmet Need Hours; Unallocated Cases; Theatre Minutes and Operating Times; ED Performance 12 hours; District Nursing Quality Indicators (Palliative Care - PCQI); Health Care Acquired Infection (HCAI); and Antimicrobial Consumption. The target for Weekend Discharges was amended to reflect both Simple and Complex Discharges.

During Quarter 1 and Quarter 2 (April to September 2023), the Trust reported against 67 metrics, this reduced to 64 from October 2023 when reporting ceased against the 14, 31 and 62 day cancer activity targets.

The cumulative (full year) 2023/24 Trust Performance was: 39% assessed as “Red”, 28% “Amber” and 33% “Green”.

It is important to note that in the final month (March 24) the position was 36% assessed as “Red”, 15% “Amber” and 49% “Green”, showing that the Trust progressively moved to achieving fully acceptable performance in 49% of all areas assessed by year end, but that a core number of areas remained “Red” throughout the year.

The detailed breakdown of these metrics is provided below.

HSC SERVICE DELIVERY PLANS April 2023 to March 2024 End of Year Summary		
39% (25 METRICS)	28% (18 METRICS)	33% (21 METRICS)
Hospital Services Cancer: 62 Day Access Target Cardiac: Echo & Cath Lab Elective: Inpatient & Endoscopy Theatre Utilisation: Operating Times DPU Unscheduled Care: ED 12 hour Weekend Discharges: Complex & Simple Average length of Stay: Altnagelvin and South West Acute HCAI: Antimicrobial Consumption (2 metrics) NIAS: Handover (4 metrics) & Turnaround Time within 30 minutes	Hospital Services Cancer: 14 & 31 Day Access Target Imaging: MRI Cardiac: MRI & CT Elective: New Outpatients Theatre Utilisation: Scheduled Theatre Minutes HCAI: Antimicrobial Consumption (1 metric)	Hospital Services Cancer: Red Flag – 1 st Outpatient appointments Imaging: CT & Non Obstetric Ultrasound Elective: Review Outpatients & Day Case Theatre Utilisation: Operating Times (Main) HCAI: CDI, MRSA & Antimicrobial Consumption (1 metric)
Community Services Allied Health Professionals: Physiotherapy, Orthoptics & Podiatry (new & review total) Stroke Services: % admitted < 4 Hours (Altnagelvin and South West Acute)	Community Services Community Care: Domiciliary Care Unmet Need & Direct Payments Mental Health Services: Adult Mental Health (new & review total) & Child & Adolescent Mental Health Service (review) District Nursing: Compliance – Skin Bundle for Pressure Ulcers Allied Health Professionals: Occupational Therapy (new & review total) Stroke Services: Thrombolysis (Altnagelvin and South West Acute) Community Dental: Contacts (new & review total) & GA cases delivered.	Community Services Children’s Social Care: Child Protection Case Conferences (15 days, 3 & 6 months) & Unallocated Cases Mental Health Services: Psychological Therapies and Dementia (new & review total) & Child & Adolescent Mental Health Service (new) District Nursing: Contacts and Compliance with Elements of PCQI & MUST Allied Health Professionals: Dietetics & Speech & Language Therapy (new & review total).

The level achieved in each services within the SDP is set out in the table below:

HSC Western Health and Social Care Trust		YEAR END 2023/24				
HSC SERVICE DELIVERY PLANS		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
HOSPITAL SERVICES 2023/24					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
CANCER						
PERFORMANCE	14 DAYS	100%	100%	97.2%	-2.8%	97.2%
	31 DAYS	98%	98%	97%	-1%	97%
	62 DAYS	95%	95%	43%	-52%	43%
RED FLAG - FIRST OUTPATIENT APPOINTMENT (EXCLUDING BREAST)		7,758	8,534	10,378	1,844	133.8%
110% OF 2019/20 BASELINE						
IMAGING						
MRI	TARGET SBA VOLUMES	16,380	16,380	16,331	-49	99.7%
CT	TARGET SBA VOLUMES	32,352	32,352	39,814	7,462	123.1%
NOUS	TARGET SBA VOLUMES	42,505	42,505	44,150	1,645	103.9%
CARDIOLOGY / CARDIAC						
CARDIAC MRI	TARGET SBA VOLUMES	336	336	334	-2	99.4%
CARDIAC CT	110% OF 2019/20 BASELINE	503	552	521	-31	103.6%
ECHO	TARGET SBA VOLUMES	8,316	8,316	6,757	-1,559	81.3%
CATH LAB	110% OF 2019/20 BASELINE	2,043	2,250	1,917	-333	93.8%
ELECTIVE						
NEW OUTPATIENTS 105% OF 2019/20 BASELINE	FACE TO FACE	72,863	76,506	56,447	-2,736	101.2%
	VIRTUAL			4,162		
	OTHER			13,161		
	TOTAL			73,770		
REVIEW OUTPATIENTS 100% OF 2019/20 BASELINE	FACE TO FACE	149,944	149,944	100,304	5,799	103.9%
	VIRTUAL			24,792		
	OTHER			30,647		
	TOTAL			155,743		
OUTPATIENTS (OVERALL)		222,807	226,450	229,513	3,063	103%
INPATIENT 100% OF 2019/20 BASELINE	CORE	6,077	6,077	5,213	-864	85.8%
	OTHER	1,272	1,272	1,430	158	112.4%
	TOTAL	7,349	7,349	6,643	-706	90.4%
DAY CASES 100% OF 2019/20 BASELINE	CORE	16,465	16,465	17,045	580	103.5%
	OTHER	8,269	8,269	8,931	662	108.0%
	TOTAL	24,734	24,734	25,976	1,242	105.0%
INPATIENT AND DAYCASE (OVERALL)		32,083	32,083	32,619	536	101.7%
ENDOSCOPY	100% OF 2019/20 BASELINE	9,931	9,931	9,107	-824	91.7%
THEATRE UTILISATION						
SCHEDULED THEATRE MINUTES	SESSION DURATION (MINS)	1,142,700	1,142,700	1,133,430	-9,270	99.2%
THEATRE OPERATING TIMES	MAIN THEATRES	85%	85%	86%	1%	86.0%
	DPU THEATRES	80%	80%	68%	-12%	68.0%
UNSCHEDULED CARE						
ED PERFORMANCES - 12 HOURS	10% REDUCTION OF 2022/23 BASELINE	17,935	16,141	19,346	1,411	7.9%
WEEKEND DISCHARGES						
ALTNAGELVIN	SIMPLE	80%	80%	49.1%	-31%	49.1%
	COMPLEX	60%	60%	27.7%	-32%	27.7%
SOUTH WEST ACUTE	SIMPLE	80%	80%	27.3%	-53%	27.3%
	COMPLEX	60%	60%	15.1%	-45%	15.1%
AVERAGE LOS						
ALTNAGELVIN	1 DAY REDUCTION BY Q4 2022/23 BASELINE	8.10	7.10	8.29	1.19	8.29
SOUTH WEST ACUTE	1 DAY REDUCTION BY Q4 2022/23 BASELINE	11.40	10.40	11.84	1.44	11.84

Western Health and Social Care Trust		YEAR END 2023/24				
HSC SERVICE DELIVERY PLANS		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
COMMUNITY SERVICES 2023/24						DELIVERED - EXPECTED EXCEPTIONS APPLY
LINK TO SPPG TARGETS						
COMMUNITY CARE						
DOMICILIARY CARE 2.5% REDUCTION OF BASELINE Q1 5% REDUCTION OF BASELINE Q2 7.5% REDUCTION OF BASELINE Q3 10% REDUCTION OF BASELINE Q4	UNMET NEED HOURS (FULL PACKAGES, ALL POCS)	2,798	2,518	2,992	194	6.9%
	UNMET NEED HOURS (PARTIAL PACKAGES, ALL POCS)	2,763	2,487	2,208	-555	-20.1%
	TOTAL	5,561	5,005	5,200	-361	-6.5%
	DIRECT PAYMENTS	NO. OF CLIENTS IN EFFECT AT MONTH END 10% INCREASE BY MARCH 2024 (MARCH 2023 BASELINE)	1,338	1,472	1,387	49
CHILDRENS SOCIAL CARE						
CHILD PROTECTION CASE CONFERENCES	WITHIN 15 DAYS	N/A	84%	270	15%	98.5%
	TOTAL			274		
	% WITHIN 15 DAYS			99%		
	WITHIN 3 MONTHS	N/A	85%	170	6%	91.4%
	TOTAL			186		
	% WITHIN 3 MONTHS			91%		
	WITHIN 6 MONTHS	N/A	89%	386	2%	91.3%
	TOTAL			423		
	% WITHIN 6 MONTHS			91%		
UNALLOCATED FAMILY SUPPORT CASES QUARTETLY MONITORING WITH EFFECT FROM Q2 10% REDUCTION BY MARCH 2024 (JUNE 2023 BASELINE)		71.0	63.9	25.0	-46.0	-64.8%
MENTAL HEALTH SERVICES						
ADULT MENTAL HEALTH (NON INPATIENT) 110% OF 2019/20 BASELINE	NEW	6,469	7,116	4,254	-2,862	65.8%
	REVIEW	49,738	54,712	56,920	2,208	114.4%
	TOTAL	56,207	61,828	61,174	-654	108.8%
PSYCHOLOGICAL THERAPIES 100% OF 2019/20 BASELINE	NEW	1,857	1,857	2,251	394	121.2%
	REVIEW	12,141	12,141	17,447	5,306	143.7%
	TOTAL	13,998	13,998	19,698	5,700	140.7%
DEMENTIA 110% OF 2019/20 BASELINE	NEW	482	530	1,028	498	213.3%
	REVIEW	4,764	5,241	4,965	-276	104.2%
	TOTAL	5,246	5,771	5,993	222	114.2%
CAMHS 100% OF 2019/20 BASELINE (NEW CONTACTS) 110% OF 2019/20 BASELINE (REVIEW CONTACTS)	NEW	1,075	1,075	1,254	179	116.7%
	REVIEW	7,619	8,382	7,815	-567	102.6%
	TOTAL	8,694	9,457	9,069	-388	104.3%
MENTAL HEALTH SERVICES (OVERALL)		84,145	91,054	95,934	4,880	114.0%
DISTRICT NURSING						
CONTACTS 100% OF BASELINE		171,048	171,048	218,061	47,013	127.5%
COMPLIANCE WITH SKIN BUNDLE FOR PRESSURE ULCERS		N/A	100%	99%	-1%	99.0%
COMPLIANCE WITH ELEMENTS OF MUST		N/A	95%	95%	0%	95.0%
COMPLIANCE WITH ALL ELEMENTS OF THE PCQI		N/A	80%	89%	9%	89.0%

HSC Western Health and Social Care Trust		YEAR END 2023/24				
HSC SERVICE DELIVERY PLANS COMMUNITY SERVICES 2023/24		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
LINK TO SPPG TARGETS					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
ALLIED HEALTH PROFESSIONALS						
PHYSIOTHERAPY 100% OF 2019/20 BASELINE	NEW	18,174	18,174	17,895	-279	98.5%
	REVIEW	53,433	53,433	49,261	-4,172	92.2%
	TOTAL	71,607	71,607	67,156	-4,451	93.8%
OCCUPATIONAL THERAPY 100% OF 2019/20 BASELINE	NEW	10,039	10,039	8,091	-1,948	80.6%
	REVIEW	36,193	36,193	38,098	1,905	105.3%
	TOTAL	46,232	46,232	46,189	-43	99.9%
DIETETICS 100% OF 2022/23 BASELINE	NEW	4,023	4,023	4,106	83	102.1%
	REVIEW	13,819	13,819	13,893	74	100.5%
	TOTAL	17,842	17,842	17,999	157	100.9%
ORTHOPTICS 100% OF 2019/20 BASELINE	NEW	2,562	2,562	2,658	96	103.7%
	REVIEW	9,975	9,975	8,394	-1,581	84.2%
	TOTAL	12,537	12,537	11,052	-1,485	88.2%
SPEECH & LANGUAGE 100% OF 2022/23 BASELINE	NEW	2,806	2,806	2,918	112	104.0%
	REVIEW	31,487	31,487	32,623	1,136	103.6%
	TOTAL	34,293	34,293	35,541	1,248	103.6%
PODIATRY 100% OF 2019/20 BASELINE	NEW	4,525	4,525	4,059	-466	89.7%
	REVIEW	40,814	40,814	35,854	-4,960	87.8%
	TOTAL	45,339	45,339	39,913	-5,426	88.0%
ALLIED HEALTH PROFESSIONALS (OVERALL)	NEW	42,129	42,129	39,727	-2,402	94.3%
	REVIEW	185,721	185,721	178,123	-7,598	95.9%
	TOTAL	227,850	227,850	217,850	-10,000	95.6%
STROKE SERVICES						
THROMBOLYSIS RATE IN LINE WITH WHSCT RETURN	ALTNAGELVIN	N/A	16%	11%	-5%	11%
	SOUTH WEST ACUTE	N/A	16%	13%	-3%	13%
% ADMITTED <4 HOURS FIGURES PROVIDED BY SPPG	ALTNAGELVIN	N/A	43%	32%	-11%	32%
	SOUTH WEST ACUTE	N/A	90%	74%	-16%	74%
COMMUNITY DENTAL						
CONTACTS 100% OF 2019/20 BASELINE FOR Q1 & Q2 105% OF 2019/20 BASELINE FOR Q3 110% OF 2019/20 BASELINE FOR Q4	NEW	3,158	3,282	2,997	-285	94.9%
	REVIEW	13,112	13,666	14,404	738	109.9%
	TOTAL	16,270	16,948	17,401	453	107.0%
GENERAL ANAESTHETIC CASES DELIVERED CHILDRENS CASES (SUBSET OF HOSPITAL DAY CASES) 80% OF 2019/20 BASELINE	ALTNAGELVIN	528	422	322	-100	61.0%
	SOUTH WEST ACUTE	228	183	265	83	116.2%
	TOTAL	756	605	587	-18	77.6%

Factors Impacting Performance

Although the Trust achieved an increase in the level of activity delivered in 2023/24 across a number of Hospital and Community services when compared to 2022/23, performance and outturn remained impacted by a number of factors as follows:

- Increased Targets:** the uplift in the Target across a number of service areas did increase the challenge to services, which could not always be achieved. Services with an increased target for 2023/24 included: Cardiac CT, Cath Lab, New

Outpatients, Adult Mental Health and Dementia (New & Review Total) and CAMHS (Review).

- **Workforce availability:** recruitment and retention of appropriately trained staff remains a key priority for the Trust, and workforce gaps are a primary cause of under-delivery in some services. Long term sickness absence also impacts available capacity. A new and growing factor was the loss of Trust staff to take up employment in the Health Service Executive (HSE) and private practice. Services continue to progress recruitment through internal, regional and international processes and maximise skills mix. In addition and where appropriate impacted services utilised additional support for core service through requesting “mutual aid” from other Trusts, and external out sourcing of clinical work to the Independent Sector.
- **Industrial Action:** throughout 2023/24 Industrial Action continued to impact delivery across our services. The service areas that were affected include Outpatients (Hospital and Community), Inpatients, Day Case, Day Care and Children’s Services.
- **Resource availability:** Theatre utilisation remains a key focus for the Trust. Access to Elective Beds, Theatre capacity, Anaesthetist and Nursing availability impacted on our ability to fully rebuild our Theatre lists in Altnagelvin hospital. A significant programme of work is being led by the Interim Director of Planned Care Services on the rebuild and optimisation of theatre capacity and resources across facilities.
- **Unscheduled Care Demand:** capacity and patient flow performance remains challenging across both hospital sites. The impact of winter pressures on Acute Hospital sites and specifically Unscheduled Care performance resulted in the Trust activating Business Continuity arrangements from 14th December 2023. The Trust’s Silver Command was operational from 14th – 22nd December 2023. The Trust has in place an Unscheduled Care and Flow Improvement Action Plan, and set up its new Site Co-ordination Hub in November 2023.
- **Increasing Demand:** across acute and community services:
 - There has been a significant increase in red flag referrals with a **93%** increase in March 2024 compared to March 2020 and a **12%** increase in March 2024 compared to March 2022 (SDP Baseline Year).
The full year position demonstrates that this is a sustained growth, with **8,148 (48%)** additional red flag referrals received in 2023/24 (April to March) compared to the same period 2019/20 and **4,554 (22%)** compared to 2021/22.
 - The cumulative activity delivered within CT and Non-Obstetric Ultrasound during 2023/24 exceeded the contracted SBA Target with the Trusts, which was the target set in 2023/24 Service Delivery Plan. Despite the increased level of delivery, access performance deteriorated with **54%** of patients waiting less than 9 weeks for a diagnostic test at March 2024 compared to **73%** at March 2023; reflecting the increase in unscheduled and emergency demand. The total number of people waiting for a Diagnostic Test at March 2024 (**19,620**) increased by **5,995 (44%)** compared to the total number waiting at March 2023 (**13,625**).
 - The Dementia Service has seen the number of referrals received in 2023/24 increase by **22%** from pre Covid levels in 2019/20; this reflects an additional **231** referrals.

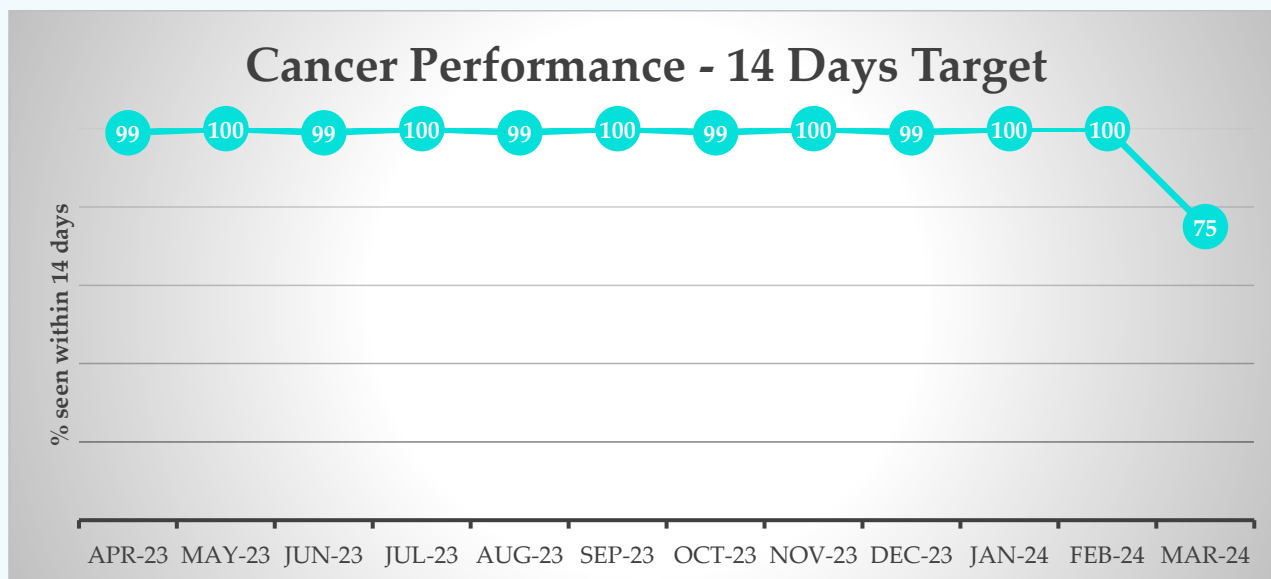
Cancer Services

The Cancer and Diagnostics Hospital Management Team have worked together to further develop the shared aim of delivering high quality effective cancer diagnosis and treatment for the benefit of all patients. The Directorate continues to maintain accreditations across Pathology, Radiology, Radiotherapy and Medical Physics. We continue to work closely with our colleagues in the Republic of Ireland to deliver cross border radiotherapy.

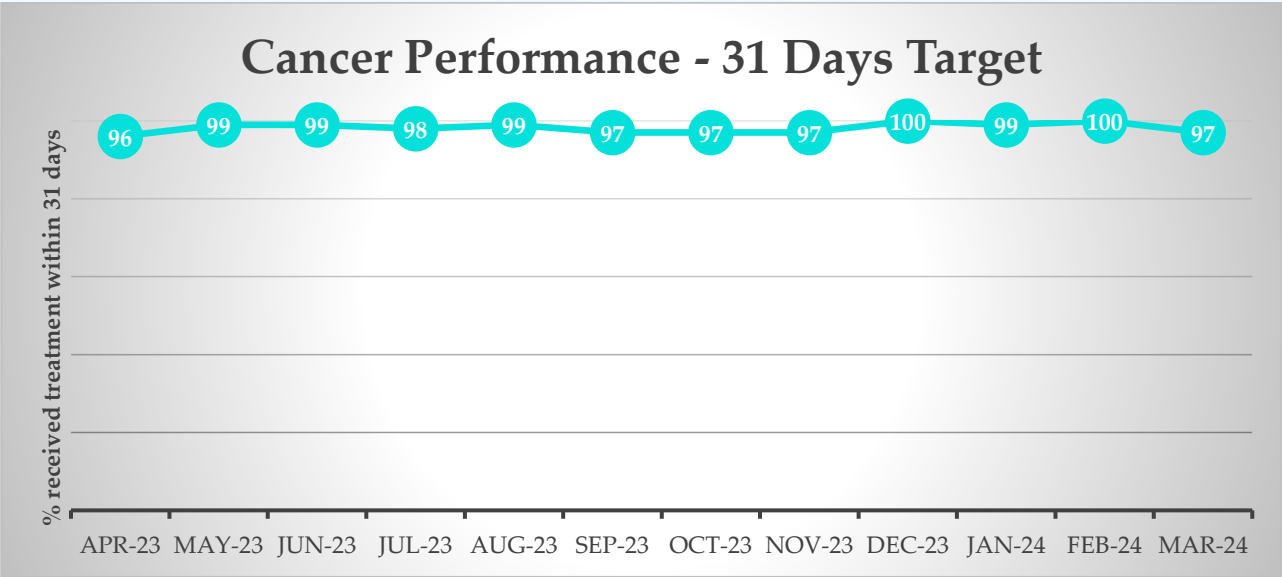
Rising demand continues to challenge meeting cancer waiting time standards particularly the 62 day pathway. Work continues to ensure diagnostic capacity and associated staffing are in place to meet rebuild demand. Consultant workforce challenges exist within Radiology and the Trust continues to work with SPPG and DoH to address workforce gaps. The directorate continues to utilise every opportunity to redesign and modernise services to meet the growing demand.

Performance against the 14-day breast target increased to 97% for 2023/24. The 14 day cancer performance is lower for the month of March due to the Trust providing “mutual aid” for the South Eastern Health and Social Care Trust to accept patients who had been waiting longer in this Trust. This has been acknowledged in DoH and SPPG regional reporting. Performance against the 31-day target remained high throughout the year with 98% compliance achieved for 2023/24. Monthly performance in relation to these three cancer pathways are included below:

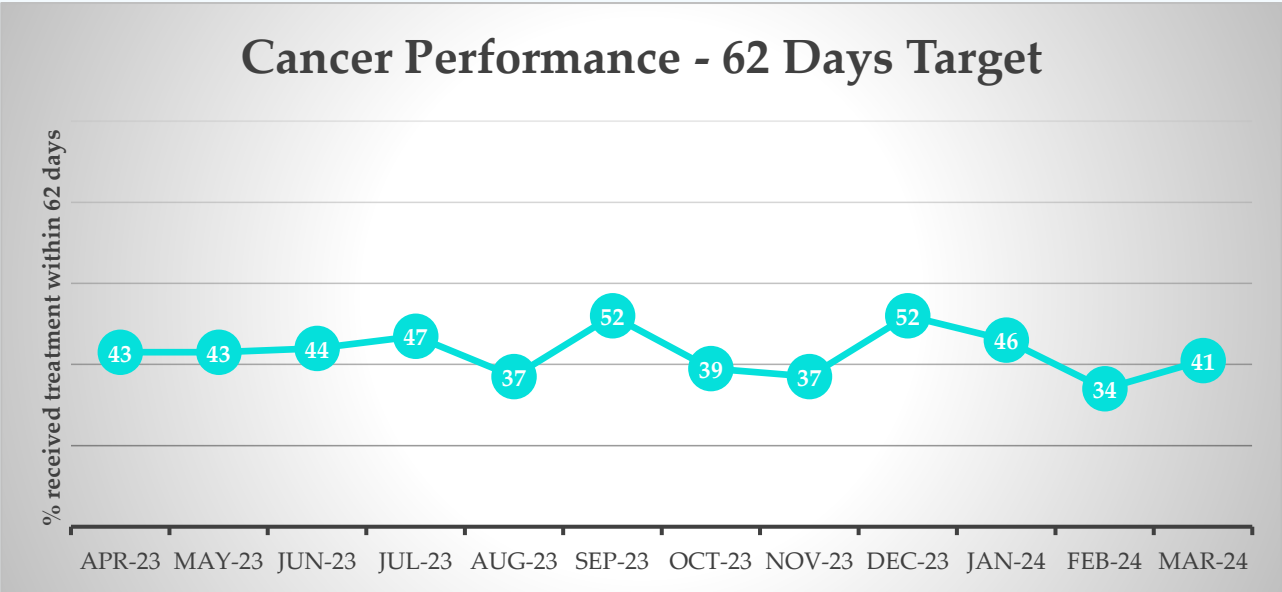
14 day Breast target 2023/24 – 97% urgent suspected breast cancer referrals seen within 14 days



31 day target 2023/24 – 98% of patients diagnosed with cancer who received their first definitive treatment within 31 days of a decision to treat.



62 day target 2023/24 - 43% of patients urgently referred with a suspected cancer who began their first definitive treatment within 62 days.



Theme 5

Integrating the Care



COMMUNITY CARE – SUPPORTING PEOPLE IN THE COMMUNITY

Rectory Field

Rectory Field has increased its bed capacity from 15 to 20 intermediate care beds to support patient flow from the acute hospital sites and where appropriate to prevent unnecessary hospital admission. This model of care is providing a pathway for individuals who are medically stable for discharge from hospital, but require further rehabilitation. Within the last year from March 2023 to March 2024, there has been 209 admissions from acute hospital sites. 66 have returned home requiring no further care and 30 requiring only short term rehabilitation =46% returning to their own home requiring no long term care.

William Street RHOP

William Street is one of the Western Trust's existing statutory residential care homes. Current environmental works are at completion to create a new fit for purpose unit to provide 5 beds for rehabilitation. These 5 beds alongside the existing 20 beds in Rectory Field will further support the patient flow from acute hospital sites. It is envisaged that this service will be operating and functioning from mid-September 2024. This will bring the total intermediate/rehab community beds to a total of 25 to support acute hospital flow. Both these services combined will have a clear focus and aim on recovery, supporting timely discharge from hospital and promoting independence in order to facilitate a transition back to the service user's own home.

Thackeray Place

Thackeray Place is one of the Western Trust's existing statutory residential care homes providing care under the *General* category of care for older people, during the financial year of 2022/23 it was noted to be significantly under occupied, however within the Trust there was a current and future need for the provision of Dementia care. Beginning in August 2023, the Trust made the decision to transition Thackeray to include the category of care of Dementia residential care by creating a Dementia unit within the home. This change could only be realised with capital investment in order to bring the Home up to the required standard for Dementia care and a process of re-registration with RQIA. The provision of Dementia beds within Thackeray not only secures the future of the home for current residents but will also support patient flow from the acute hospital sites where individuals are awaiting appropriate placements in Dementia Care beds. The Dementia unit will contain 7 beds, the works have been completed and the change in registration has been issued by RQIA and once staff inductions are completed the Home will welcome its first Dementia residents in early September 2024.

Residential Care Improvement Work

Residential Home Managers are engaging in a programme of structured improvements within the Trust Care Homes. The programme has incorporated learning and feedback from recent RQIA inspections and an internal review of the Home's systems and governance oversight. Through the planned improvements it is envisaged that communication will be enhanced across the staff teams, better-quality record keeping will also be focused upon and post fall protocols. Managers will focus on their oversight and overall responsibilities within the home, including the monthly managerial audits and ensure any deficits are identified early so appropriate actions can be taken. This will provide an opportunity to strengthen the governance arrangements within the Care Homes and a development opportunity for the managers themselves. The improvement process will include a staff

development day whereby Managers will re-visit their responsibilities from a regulatory perspective, this event will also be attended by representatives from RQIA and will also serve to enhance professional relationships and communication with them. It is envisaged that the improvement programme and enhanced governance arrangements will improve standards and lead to better quality care for the residents.

Carers Support Team / MDT GP Social Work Staff

The Carers Support Team in partnership with the MDT GP Social Workers have set up a Carer's Hub in the Foyle Arena, Derry with the aim of improving carers mental and physical health. In a recent survey by Carers UK, 82% of carers said the impact of caring on their physical and mental health would be a challenge over the coming year, an increase from 77% last year. Over half of the carers who responded said that they felt lonely and three quarters of carers said they felt stressed or anxious. The hub was co-designed with carer input from the very beginning. It is a safe space for carers to call in, have a cuppa and chat with other carers. Carers also have the opportunity to speak to the Carers Coordinator or a member of the Social Work staff on an individual basis. The hub takes place on the last Wednesday of each month from 11.00am to 1.00pm. Each session has been designed in response to what carers told us they wanted. Previous sessions have included talks from a benefits outreach officer, the Western Trust's Falls Prevention Coordinator and a relaxation and self-care session. Health checks, craft sessions and a basic first aid class are planned for the coming months. A second hub was set up by the MDT Social Work staff in Limavady. This also runs on a monthly basis and is developing very well. A third hub is planned for Enniskillen with the first session to be held late September 2024.

Social Work Screening and Assessment – Strabane Community Social Work Team

Strabane Community Social Work Team has experienced a significant increase in referrals, with wait times for assessment of need increasing. A test of change was introduced in May 2024, with one social worker being assigned to work on the screening of all referrals, with NISAT assessment being completed on individuals with identified care and support needs. On commencement of the test of change on 20th May 2024, there were 34 individuals awaiting an assessment of need, with the longest wait for assessment being 8 months. The social worker has completed initial NISAT's and implemented care services, enabling the identified care needs to be met in a more timely manner. The current number of individuals awaiting an assessment of need is 5, with the longest wait on assessment being 4 days. This has been a significant improvement, enabling individuals requiring an assessment to be seen in a timely manner, with relevant support services put in place, thus preventing an escalation in needs.

Neighbourhood District Nursing (NDN)

In May, Maria McIlgorm, Chief Nursing Officer, made a submission to the committee responsible for the World Nursing Science Conference. Maria was successful in her submission, which was based on the Neighbourhood District Nursing model, and has been invited to the next Conference in San Francisco in September 2024. Maria has been invited to be one of the speakers at the Conference to share her knowledge and views on "*Advances in Modern Nursing Practices and Exploring the Frontiers of Nursing Science*".

Tissue Viability

The Limavady District Nursing Team participated in a research study alongside our Tissue Viability Team on the subject of wound hygiene. The outcome of this research was very positive and results were published in the Journal of Wound Care. Following on from this study, wound hygiene has continued to be rolled out to other District Nursing teams with

excellent results. Leeanne McGeady has been requested to present this study to nursing colleagues in England as it has been identified now as standard practice for the management of leg ulcers.

GP Practice Support Team

Since 1 July 2022 the Trust has become contract provider for 4 GP Practices as a result of previous providers handing back their contract. This includes Dromore/Trillick, Racecourse Road, Brookeborough/Tempo and Fintona GP Practices. The Western Trust is the only Trust in Northern Ireland delivering primary care services and across the 4 GP Practices, the Trust is supporting the delivery of primary care to a combined practice list size of 26,000 patients. The additional GP Practice coming under Trust management on 1 April 2024 and a number of locum GPs leaving has resulted in challenges maintaining GP rotas, particularly in the rural practices of Dromore/Trillick and Fintona. The Directorate has been working closely with SPPG and Trust HR colleagues to progress the recruitment of salaried GPs. The Directorate of Community & Older Peoples services has created a new primary care division to provide operational management, support and clinical governance to the 4 GP practices.

Continence Home Delivery Service

The Continence Home Delivery Service has transferred over to sit alongside our Community Equipment Service on the ELMS2 application. This will allow managers a better oversight to monitor, manage and optimise the budget allocated to this Service as well as identifying patients who require further intervention following prompt reviews. This will also assist reporting to the DVMB going forward, working with our finance colleagues to address overspend.

Post-Covid Syndrome Service

The Post Covid Syndrome (PCS) service was established following the need to put in place timely, effective and equitable arrangements for the assessment of people who continue to experience longer-term physical, mental and cognitive effects as a result of COVID-19 infection. In recent years it has been noticed that co-morbidities such as chronic fatigue syndrome and fibromyalgia are increasingly prevalent in this long Covid population which results in increased length of stay in the service.

During the year, 210 patients received an initial triage assessment with one of the team's trusted assessors and allocated to the relevant professionals. One-to-one appointments and reviews were also offered. Additionally, 69 service users attended the six week post Covid rehabilitation programme which developed further following service user feedback. Four psychology groups ran in both sectors of the trust and 33 service users attended.

A newly developed breathlessness group was piloted in the Fermanagh area which resulted in positive feedback from the 11 attendees. Care opinion entries have been extremely positive about all the groups and the service.

Reablement Service- amendment to admission criteria

Traditionally, if a patient had a fracture and were referred to Reablement, they were deemed inappropriate for Reablement input until they were able to fully participate in a rehabilitation program.

To facilitate timely discharges from hospital for these patients it was decided to amend Reablement admission criteria. A pilot was commenced whereby patients on a Non Weight Bearing/ Fracture pathway were accepted onto the Reablement Service.

The results indicated that 100% of referrals received from this group were accepted onto Reablement. 73% were discharged with no ongoing care needs. 36% of these were discharged within the 6 week Reablement target. Evidence and feedback demonstrated that it was very beneficial to these patients in the enhancement of their independence and reduction in need for ongoing care support. This amendment to Reablement criteria has now been permanently implemented.

MENTAL HEALTH

UPDATE ON QUALITY IMPROVEMENT INITIATIVES WITHIN MENTAL HEALTH (AMH&DS)

TOWARDS ZERO SUICIDE PROGRAMME

As a Patient Safety Collaborative, the NI towards Zero Suicide Programme is committed to reducing suicide and enhancing the care and outcomes of Mental Health Patients and People in Prisons.

In Adopting a Zero Suicide Approach we will be:

- Implementing Best Practice (identified by the National Confidential Inquiry and other relevant research), to support Safer Services
- Embedding a Zero Suicide culture with effective leadership, and informed committed staff and teams.
- Improving and developing services through partnership working and engagement with service users, carers, staff, communities and other stakeholders.
- Encouraging continuous learning and application of evidence based practice and models, by staff who are appropriately supported and trained to deliver best practice.

In order to achieve these goals, the current work streams within the Western Trust are;

- Early Post Discharge
- Suicide Prevention Care Pathway/Safety Planning
- Minimising Restrictive Practices
- Workforce (Learning Plan)

This work is co-ordinated by our local Towards Zero Suicide, Service Improvement Manager, along with relevant service managers and clinicians. Progress is monitored by the Local Implementation Group and Strategic Change Board within the trust and via the Regional Collaborative Board.

Safety planning is well developed across the trust and is being expanded to include all those who present to services, regardless of expressed suicidality at the time. The Suicide Prevention Care Pathway has gone live in the Northern Sector of the trust, and is planned for the Southern Sector in autumn 2023. The Safer Wards initiative, along with Therapy and Safety Crosses are extending across the in-patient units as part of the minimising restrictive practice workstream. Community and addiction teams are progressing well with early post-discharge work.

TOWARDS ZERO SUICIDE PROGRAMME - Update August 2024

Suicide Prevention Care Pathway (SPCP)

SPCP was implemented in the Southern Sector across the Crisis Response Home Treatment, Primary Care Liaison Teams and Mental Health Liaison Team from 11th January 2024. An Action Plan has been developed to commence the scale and spread of the SPCP across other Mental Health Teams i.e. Trust Addiction Services and Mental Health Recovery Services commencing November 2024.

Safety Planning

A rolling training schedule is in place for 2024/25 for the delivery of Safety Planning training across all Adult Mental Health teams/services for new staff and refreshing training for existing staff.

Early Post Discharge

In May 2023 the Early Post Discharge Workstream commenced full implementation of 3 day follow up post discharge appointments for all patients being discharged from our inpatient units. A Standard Operating Procedure and Process Flow has been developed for 3 day follow up appointments. Recent data indicates that over 80% of all discharges have been offered a 3 day follow up within 3 days.

Minimising Restrictive Practice

A Dashboard has been developed to collate Restrictive Practice data i.e. incidents of Physical Interventions, Violence and Aggression and Rapid Tranquilisation. This data is collected on a fortnightly basis on a SPC QI Chart.

Therapy Cross & Safety Cross Models

Both models fully implemented in both Evish and Carrick Grangewood Mental Health Unit and Elm and Lime Wards Tyrone and Fermanagh Hospital. The Therapy Cross Model has been supplemented with an activity log for staff to complete within the ICU areas to gather more detailed information on this area.

Use of de-escalation techniques promoted (and formally reported on) within inpatient units. De-escalation Techniques continue monitored via Therapy Cross in Grangewood Mental Health Unit and Elm and Lime wards T&F.

Implementation of Regional Post-incident Debrief/Defusion Principles

Debrief folders implemented on all inpatient wards and CRHTT and defusion sessions monitored via the therapy cross and Practice Educator.

SafeWards Model

The Safewards model is currently being implemented across Adult Mental Health Inpatient Units, aimed at reducing levels of conflict and containment in the ward environment. To date, three of the ten interventions have been implemented across all inpatient units. The MRP workstream will ensure full implementation of the 10 Safewards Interventions across both inpatient unit. In that regard, Geoff Brennan, Safewards Clinical Supervisor, visited Grangewood Inpatient Unit and Tyrone and Fermanagh Hospital on 27th and 28th June to deliver Safewards Training for multidisciplinary ward staff.

ADULT PSYCHOLOGICAL THERAPY SERVICE

Adult Mental Health Services have experienced increased pressures in relation to the increasing number of patients on waiting lists to access Cognitive Behavioural Therapy (CBT) and Psychological Services within the Adult Psychological Therapy Service (APTS). The waiting period for therapy is currently at 24 months. This is largely due to recruitment challenges for specialised staffing roles and the increased number of referrals (30% in last year) to APTS. Covid has further compounded timely access to the service. As such an improvement team was established to ascertain what ideas could be tested to bring about change.

To achieve improvement the team understood that they would have to think creatively around ideas to improve flow in their system whilst working within their current resource – doing it differently with what they had. This involved change ideas connected to entry into the system, referral processes, exit of the system, discharge processes and oversight of their core business.

Project Aim: *“By October 22 to reduce the number of clients on APTS waiting list by 10% through improved collaborative working and effective communication with referrers, reviewing processes and practices.”*

This project has been ongoing since 2021 with all 5 PDSA's being fully implemented. This has reduced waiting lists and we have achieved and in some areas surpassed our target of 10% reduction.

In Northern Sector – From 1st April 2021 to 1 June 2024, Psychology waiting lists reduced by 26%, CBT reduced by 44%.

In Southern Sector – From 1st April 2021 to 1 June 2024, Psychology waiting lists reduced by 44% and CBT by 58%.

The APTS quality improvement project was shortlisted from 19 applicants across Northern Ireland at the HSCQI Delivering Value Programme Awards in June 2023 and was selected as a project for upscale and spread across the region.

Second phase of upscale and spread finalised in June 2024 when staff presented update on the project at the HSCQI TASC Event. Final reports will be submitted to the regional TASC group in September 2024.



MENTAL HEALTH IMPROVEMENT BOARD

In October 2023, a Director-led improvement board was established to address concerns voiced by staff pertaining to safety on the inpatient wards. These concerns mostly centre on ensuring safe staffing levels and providing adequate support for staff to ensure the delivery of appropriate care to patients during their hospital stay. It has been acknowledged that mental health inpatient wards have consistently operated at levels above their capacity for the past three years. A distinct quality improvement initiative is currently underway which adopts a systemic approach to improve the experience and outcomes for our mental health patients.

A comprehensive action plan was established and work streams focussing on;



Progress of the plan is monitored through monthly Directorate Led Oversight Improvement Board.

PRIMARY CARE LISION COMMUNITY MENTAL HEALTH SERVICE

Since February 2023 there has been a lot of ongoing work to standardise the 3 PCLS teams based in North (Derry, Limavady & Strabane), Omagh & Fermanagh. There was a robust triage system in PCLS North that has now been mirrored in the Fermanagh team which has resulted in an increase in inappropriate referrals being returned to the GP Practices which has had a marked improvement in the Fermanagh routine waiting list.

In February 2023 there were 252 individuals on the Fermanagh Routine waiting list with a waiting time of 14 months (IEAP 9 week waiting list for routine referrals). As well as developing a robust triage the routine waiting list has been cleansed.

Today PCLS Fermanagh has a routine waiting list of 67 (7 have booked appointments). Longest wait now for a routine appointment is 22 weeks. There are 31 routine appointment breaching the 9 week target. There are 10 urgent on the urgent waiting list (9 have booked appointments).

PCLS Omagh 55 on routine waiting list (44 have booked appointments). All routine are being seen within IEAP 9 week target. 6 urgent on the urgent waiting list with all having booked appointments.

PCLS North have 75 on the routine waiting list (46 have booked appointments). All routines are being seen within the IEAP 9 week target. There are 30 urgent on the urgent waiting list with 23 booked appointments.

The Medics Outpatients caseload has also been cleansed.

There is work ongoing with team managers and the medical staff around further cleansing the outpatients around proactively discharging individuals who are well and referring in a timely manner to other more appropriate services such as Recovery.

The key working caseloads have also been cleansed and a robust caseload review is in place in PCLS trust wide.

PCLS Derry has an ongoing QI project ongoing at present to introduce group work in to the team with the aim of further reducing the teams key work caseload. This will then be mirrored in the Omagh & Fermanagh teams. Work is ongoing with Omagh PCLS to standardise their triage system.

Update August 2024

Significant work has already taken place within PCLS Fermanagh in relation to the outpatient list and continues to meet 9 week target. This work is now planned to be formalised through a QI project to further enhance and evidence this work, with a view to scale and spread across other Trust Services.

Crisis Planning

As part of the Improvement Board, the Crisis team have begun testing pathways to deliver service improvement for individuals who present in crisis.


As set out below, these include:

- PDSA1 – Introduction of side by side model in ED SWAH
- PDSA2 – Guidance for assessing suicide risk to support clinical decision making
- PDSA3 – interface meetings between Inpatient and Community services to ensure timely discharge
- PDSA4 – re-propose Rathview as 7 day assessment facility
- PDSA5 – Increase number of staff on night duty to 2 within Crisis & Home Treatment Teams


ED/AMH INTERFACE QI "QUICK WINS"

The overall aim: Reducing length of time patient requiring admission to MH inpatient ward spends in ED Department.

PDSA 1 – Introducing the Side by Side Model – this model promotes timely assessment of the adult mental health patient in ED through collaborative working between mental health and ED professionals. Mental Health professionals become more involved earlier in the assessment process.




Testing since 28/05/24 in SWAH.




I have seen such an improvement over the past few months from Crisis Staff in ED.
(Consultant ED)

ED/AMH INTERFACE QI "QUICK WINS"



PDSA 2 – Guidance for assessing suicide risk to support clinical decision-making

- Document finalised and approved at Governance on 27/06/24
- Testing commenced on 1 August 2024.



ED/AMH INTERFACE QI "QUICK WINS"



PDSA 3 – Interface Meetings between inpatient and community services to ensure timely discharge

Chart 1



On average a patient stays 20 days.

Chart 2



On average 3 patients are delayed per month.

Interface meetings commenced testing in Northern Sector on **7th March**.
Interface meetings have **commenced testing** in Southern Sector.

ED/AMH INTERFACE QI "QUICK WINS"



PDSA 4 – Repurpose of Rathview as a 7 day assessment facility

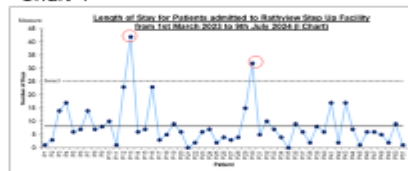
Testing commenced on **1st March 2024** with both ED's and Home Treatment Service.

Chart 3



Average weekly admissions has reduced from 11 to 7 since testing of Rathview.

Chart 4



Average length of patient stay is 8 days.

Chart 5



Main referral source is ED SWAH.

ED/AMH INTERFACE QI "QUICK WINS"



PDSA 5 – Increase number of staff on Night Duty to two within CRHTT

- 1 • Staff survey completed which highlighted staff feel under pressure and less supported when on night duty.
- 2 • Efforts are underway to ensure staffing during night shift is increased to 2 nursing staff within both CRHTT Services.
- 3 • A further staff survey will be carried out end of September 2024 to evaluate if having two staff on night duty improves staff confidence and decision making.

Physical Health Monitoring Group

Within Adult Mental Health in the Western trust a physical health monitoring group has been set up as of June 2024. The purpose of this group is to enhance and develop physical health monitoring across Community Mental Health Services for Patients with severe mental illness (SMI) in the WHSCT.

It is well recognised that people with SMI have much higher morbidity and mortality rates than the general population. Those with an SMI are susceptible to a range of physical health problems exacerbated by Psychotropic medications that can lead to weight gain and metabolic alterations. There are also disparities in access to health care services DH (2005), DH (2006), Schizophrenia Commission (2012), Wahlbeck (2011), DH (2016) This group will initially scope current physical health monitoring provision, identify need and strive towards the development of a high standard of physical health monitoring within the WHSCT to comply with NICE guidelines and regional approaches. This group is chair by the consultant nurse for Adult Mental Health.

Regional Lithium Pathway

A NI regional Li pathway was developed and agreed in 2018 by primary and secondary care. This pathway complements the lithium shared care guide regarding roles and responsibilities for those who have patients prescribed lithium under their care. It contains communication tools and monitoring check lists in line with NICE guidance. This document is planned for review regionally following the completion of the introduction of encompass to all trusts.

SOCIAL WORK / SOCIAL CARE

Children & Young People Potentially at Risk

As of 1st April 2024 within the Western Trust there were a total of 4,347 children known to Social Services as a child in need. In terms of children and young people being identified as potentially at risk, it is essential they are seen by a social worker and receive a timely response for assessment. Regional child protection procedures require that children identified as being at risk are seen within 24 hours, and as a Trust we continue to achieve this target consistently.

Looked After Children

Children who become looked after by Health and Social Care Trusts must have their living arrangements and care plan reviewed within agreed timescales in order to ensure that the care they are receiving is safe, effective and tailored to meet their individual needs and requirements. This must also preserve and maintain their rights under the United Nations Convention on the Rights of the Child and Article 8 of the European Convention on Human Rights (ECHR), enshrined by the Human Rights Act 1998.

Every Looked After Child needs certainty about their future living arrangements and through Permanency Planning the Trust aims to provide every looked after child with a safe, stable environment in which to grow up. Permanency planning starts at first admission to care and continues throughout the lifetime of the child or young person's case until permanency is achieved. The Trust has achieved in ensuring that all children in care for more than three months have a permanency panel recommendation.

Facts & Figures

100% of children or young people found to be at risk were seen within 24 hours of a Child Protection referral being made.

90% of looked after children had their living arrangements and care plan reviewed within regionally agreed timescales.

100 % of all looked after children in care for more than 3 months have a Permanency Panel Recommendation.

Young People Leaving Care

Research and experience tells us that care leavers often do not achieve the same academic outcomes as other young people in the community, which can be a transition barrier to independence and pathways to training and employment opportunities. The transition from children's services to adult services for those who have a disability is best assisted by a transition plan. As part of good practice, all children should have a transition plan within school which is first discussed when they are 14 years old, then reviewed regularly at 16 and 17 years old. Young people are supported throughout the transition process by social workers and transition officers. The vast majority remain in education until the term after their 19th birthday, therefore no children known to WHSCT disability services left school whilst a child.

Facts & Figures

76% of young people known to leaving and aftercare services are engaged in education, training and employment.

100% of disabled children have a transition plan in place when they leave school.

Adult Social Care Indicators

There are many vulnerable people in the community and those who are most at risk of abuse, neglect or exploitation who should have adult protection plans in place following investigation. Changes to procedures means that those people identified as at risk and who require an ASP3 (Adult Safeguarding Protection Plan) is only included in data reporting when submitted to the Adult Safeguarding Team. The Adult Safeguarding Team were able to improve on the 51% of adults with a protection plan for 2022/2023 to 62 % for 2023/2024.

There is a significant population of carers within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities.

Facts & Figures

62% of adults referred for investigation and identified as at risk of abuse, neglect or exploitation during the year had an adult protection plan.

4,350 adult carers were offered individual care assessments during 2023/2024.

Direct Payments

Direct payments are available from Health and Social Care Trusts for those who are assessed as needing help from social services. It is an empowering way to enable families to locally source the care and support they require, allowing the individual to choose how they are supported in their local community. Direct payments received by carers increased from 19 to 617 between 2021/2022 and 2022/2023, and there continues to be an increase year by year with 99 carers receiving direct payments during 2023/2024. This has also coincided with an increased demand for carer assessments during the reporting period, which reflects the community service area team's continued efforts to promote, offer, and complete carer assessments.

Facts & Figures

1205 adults and received direct payments during 2023/2024.

Mental Health

Practitioners face difficult situations and dilemmas in making decisions regarding the health and social care of those people who may present at risk to themselves or others. Approved Social Workers have special training and can carry out some tasks under the Mental Health (NI) Order 1986, including sometimes recommending detention in hospital for assessment. A person's nearest relative can also make an application for assessment. Approved social workers also have a particular duty to look at alternatives to hospitalisation, for example by working with the extended family to look at a range of community care options. These actions are always considered alongside an individual's human rights enshrined in the European Convention of Human Rights (1998), particularly Article 5 and Article 8.

Facts & Figures

100%% of requests for assessment under the Mental Health Order were completed by approved Social Workers in 2023/24.

Learning Disability

The Learning Disability Service Framework Standard 20 outlines the importance of adults with a learning disability having an annual health check. Research tells us that provision of annual health checks reduces health inequalities and is effective in identifying previously unrecognised health needs including those with life-threatening illnesses. However, the COVID-19 pandemic led to access barriers for these reviews being undertaken due to reduced access to GP primary care services. It is positive to note though that there has been a marked improvement in annual health check compliance from 30% in the last reporting year to 44% in 2023/2024.

Facts & Figures

44% of adults with a learning disability had an annual health check, demonstrating an improvement of 14% from the previous year.

NEXT STEPS

Following a targeted engagement exercise in 2023/24 with our staff and stakeholder groups, the Trust's five strategic priorities have been reaffirmed and will provide the framework for our corporate objectives and key areas of focus over the next three years. Our staff and stakeholder groups told us that the key areas that the Trust needs to focus on over the next three years are:

- **Workforce stabilisation**
- **Addressing medical workforce challenges**
- **Ensuring efficient use of resources**
- **Maintaining financial sustainability**
- **Reform and rebuild of services**

These are reflected in our strategic priorities and corporate objectives which are:

- **Quality and Safety**
- **Our People**
- **Performance and Access**
- **Delivering Value**
- **Our Culture**

During 2024/25, we will focus on moving forward with these key strategic priorities. Some examples of improvement work planned are highlighted below.

Quality and Safety

Complaints: Significant improvement work is ongoing within the complaints department to streamline processes for the complainant and for staff, to ensure that the highest quality resolutions and learning are delivered.

Incident Reporting: Work is currently underway to further develop “how to guides” for easy reference for staff to encourage the identification, investigation and reporting of incidents. The Risk Management Team are also working to develop e-learning modules for incident reporting.

Falls Prevention: In order to reduce the incident of falls within the Trust, a number of actions are planned for implementation during 2024/25 including:

- Map existing services to support delivery of Falls Services in line with NICE Guidelines.
- Review business case proposals to support the delivery of Falls Services.
- Promote measurement of lying and standing blood pressure on admission or record if unable to complete standing blood pressure if the patient is non-weight bearing.
- Working collaboratively with the Primary Care Multi-disciplinary teams, statutory, community and voluntary sectors, deliver falls messages and screening for risk of falls at a health and well-being event for older people during Falls Awareness Week 2024.

- Recruit volunteers for Falls Prevention to support the Trust with sharing falls prevention messages including supporting members of the public with the completion of the falls awareness survey which can be used to support self-management.
- Develop a Trust Falls Strategy to set direction for Falls Services.
- Review and update current falls booklet resources with service user involvement.
- The Care Home Support Team is working with another three care homes to reduce incidence of falls as part of the Quality Improvement Project in 2024/25.

Reducing Avoidable Pressure Ulcers: The Trust and the PHA have tasked the Tissue Viability Team with reducing the incidence of avoidable pressure ulcers. As a result, the Tissue Viability Team have identified actions for implementation during 2024/25 including:

- Plan education sessions for all Directorates to cover pressure ulcer prevention, assessment and management.
- Monitor the Trust incident reporting system daily for Stage 3 > to ensure timely follow up (including referral to TVN) and to assess the validity of the pressure ulcer. Inform the handler in a timely manner to investigate and close all Stage 2 reports.
- The Tissue Viability service will hold the Annual STOP Pressure Ulcer Day in November 2024 to educate staff on Pressure Ulcer Prevention and to update on our progress in reducing the incidence of Pressure Ulcers. On the day we will have a guest speaker, whose topic will be based on the prevention and management of pressure ulcers.
- The Tissue Viability service will continue independent spot audits to quality assure the auditing process.
- The Tissue Viability service are currently reviewing the WHSCT pressure ulcer guidance and associated pathways to ensure that the information remains evidence based and aim to cascade the new document in September 2024 following approval from record keeping.
- The Tissue Viability service will collaborate with the PHA and NI Tissue Viability teams to develop and cascade a new Pressure Ulcer Definition booklet to promote continuity and accuracy in reporting Pressure Ulcers.

Improvements within Emergency Care: Direct referrals from Northern Ireland Ambulance Service (NIAS) to the Ambulatory Care Unit are due to commence in the coming months as part of the No More Silos work stream.

Our People

Looking After and Supporting Staff: Investment and development into supporting staff well-being remains a priority within the Western Trust. The Occupational Health and Wellbeing (OHW) Modernisation Programme continues to embed. The Trust will continue to support staff through flexible working, undertaking appraisals and providing support to maximise attendance at work.

Belonging in the HSC: The Trust will continue to promote equality, diversity and inclusion and good relations within our workforce.

Growing for the Future: The Trust will continue to improve recruitment processes and explore innovative approaches to attract staff and address staff shortages. The Trust will

also continue to provide opportunities for staff to develop their skills and knowledge and embrace new ways of working through digital technologies.

Social Work Workforce Plan: This plan focusses on Recruitment and Retention of staff. A paper was presented to the Trust Corporate Management Team (CMT) in May 2024, outlining a pathway to ensure that all Social Workers in the Trust had permanent contracts. Additional work is underway to achieve this goal.

Performance and Access

Access and Performance Targets: Theatre utilisation remains a key focus for the Trust. A significant programme of work is being led by the Interim Director of Planned Care Services on the rebuild and optimisation of theatre capacity and resources across facilities

Cancer Targets: Rising demand continues to challenge meeting cancer waiting time standards particularly the 62 day pathway. Work will continue to ensure diagnostic capacity and associated staffing are in place to meet rebuild demand. Consultant workforce challenges exist within Radiology and the Trust will continue to work with SPPG and DoH to address workforce gaps. The directorate will continue to utilise every opportunity to redesign and modernise services to meet the growing demand.

Delivering Value

The 2023/24 programme for delivering value included work streams in relation to nurse stabilisation which, for example, led on the local implementation, as part of a regional project, for full eradication of the use of off-contract nurse agency staff, full eradication of Trust reliance on agency social work staff, domiciliary care rota optimisation. There has also been a significant focus on understanding the level of dependency within the Trust on medical locum agency usage, factors and price. We will continue to build on this work into 2024/25.

A Workforce Stabilisation Steering Group has been established which reports to the Trust Delivering Value Board. This Group provides oversight and direction to support three work streams:

1. Agency Reduction Programme
2. Medical Workforce Stabilisation
3. Workforce Stabilisation and Retention.

Our Culture

Trust Vision and Mission Statement: Significant work and engagement continued throughout 2023/24 to develop a mission implementation framework which was completed in February 2024. This will allow key activities to provide continued focus on the Trust mission and vision through 2024/25.

Open Just & Learning Culture: During 2023/24 the Trust developed an Open, Just and Learning (OJL) Culture Charter which will continue to support the embedding of OJL principles throughout the Trust, empowering staff to learn when things do not go as expected.

Feedback from the first pulse survey launched in March 2024 to measure how colleagues feel about the culture in their workplace will be used to help re-shape existing cultures within teams, with the view to improving the patient experience, together with outcomes.